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Impact Evaluation Report of Family Planning Project in Arsi Zone, Ethiopia

한국국제협력단

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2012.12



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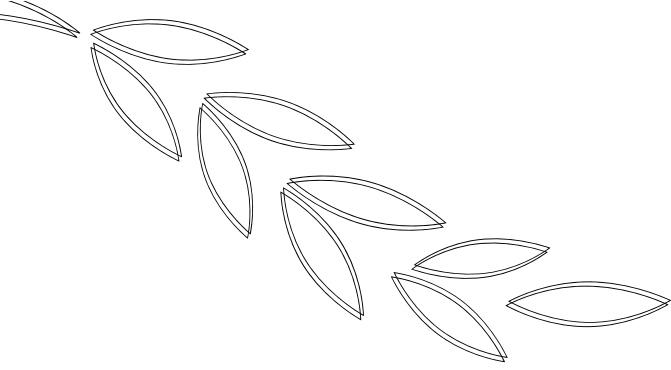
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List of Abbreviations

Abbreviation	Official name
ANC	Antenatal care
CBA	Community based agent
CBRH	Community based reproductive health worker
CPR	Contraceptive prevalence rate
EDHS	Ethiopia Demographic Health Survey
FP	Family planning
HEW	Health extension worker
IEC	Information, education, and communication
IUD	Intrauterine device
KOICA	Korea International Cooperation Agency
LAPMs	Long-acting and permanent methods
MOH	Ministry of Health
NGO	Non-governmental organization
ORHB	Oromia Health Bureau
PHTC	Public Health Training Center
TFR	Total fertility rate
VCHW	Voluntary community health worker



Executive Summary



Executive Summary



Objective

To assess the impact of KOICA's Community-Based Family Planning Project on desired family planning outcomes; such changes of knowledge of family planning methods, attitudes toward fertility issues, and use of contraceptives, especially long-acting methods.



Method

Three round cross sectional community based survey were conducted from 2009 to 2012 with a structured questionnaire. Two-stage random sampling was used to select the respondents for the survey.

The first round of data collection took place in May 2009, shortly after project activities began, and was conducted as part of project monitoring activities; hence data was collected only at the intervention site of Hetosa. The second and third round of data collection took place at the end of the project phase-out period in December 2011 and in August-September 2012 including both the intervention and comparison sites. Descriptive Statistics and multiple logistic regression were done. Whereas purposive sampling was used for the qualitative part of the study.



Results

The study consisted of quantitative and qualitative data.

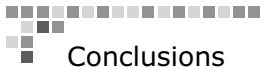
Of the qualitative part, several FGDs were conducted for not only fertile women aged 15-49, and also project stakeholder ranged from practice level to policy level.

As for the qualitative data, in terms of knowledge change, the proportion of women in Hetosa who had heard of implanon almost doubled from 2009 to 2011 (48.2% and 93.7%, respectively, $p=0.001$) and was nearly universal in 2012 (96.7%).

In 2012, almost half fertile women(49%) who did not participated FP had positive attitude towards FP practice within 6 months. Moreover the percentage of those women who were willing to participate long-term method gradually increased from 2009(16%) to 2011(24%).

Regarding FP practice, the contraceptive method mix in Hetosa changed significantly from 2009 to 2011, and that change was sustained in 2012. Current contraceptive use rose from 38% overall in 2009 to 60% in 2012, and long-acting methods accounted for nearly all of the increase. Though overall contraceptive use was the same in Hetosa and the comparison sites in 2011, there was a major difference in the method mix. Women in Hetosa were far more likely than other women at the comparison sites to use implanon (26% versus 4%) and far less likely to use injectables (24% versus 37%) or oral pills (1% versus 7%). The same pattern held true in 2012, when the gap in injectable use widened to 25 percentage points.

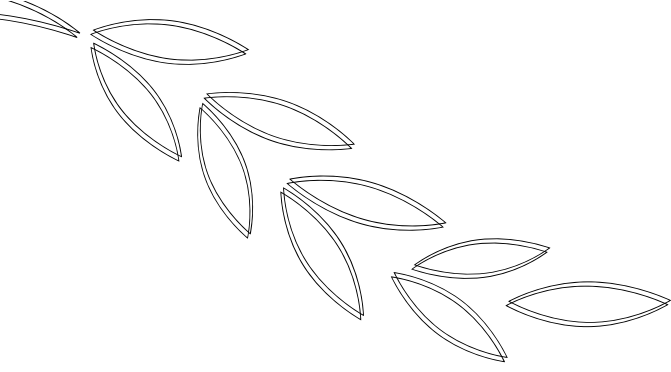
FP practice was significantly associated with FP service channel such as HEW. In 2011, when measuring against the figure in comparison sites(38%), 72% of women in Hetosa preferred much more to see a HEW for family planning service.



Conclusions

Since the launch of the Community-based Family Planning Project, contraceptive prevalence has increased markedly in Hetosa. The use of modern methods rose from 35% in 2009 to 53% of women in 2011; after the end of the project, it continued to rise to 59% in 2012. After the intervention had time to take effect, increased contraceptive use led to a reduction in unwanted pregnancies, which can benefit maternal and child health, and in family size. In Hetosa, the proportion of recent pregnancies that were unwanted fell from 21% in 2011 to 5% in 2012, while the proportion that were wanted at the time rose from 48% to 79%. In contrast, unwanted pregnancies in the comparison areas stood at 42% in 2011 and 24% in 2012.

The Community-based Family Planning Project in Arsi Zone focused specifically on increasing the use of more effective, long-acting family planning methods, especially implanon. To that end, IEC activities, campaigns with mobile vans, and newly trained HEWs promoted the use of implanon and made implanon readily accessible in the villages. The surveys show that the intervention not only succeeded in increasing overall contraceptive prevalence in Hetosa, but also dramatically changed the method mix. In contrast to the situation in Hetosa, short-acting methods continued to dominate the method mix in comparison sites.



Background



I Background

Ethiopia is the second-most populous nation in Africa, with a population of over 84 million in 2011 (World Bank, 2012). The population continues to grow despite sustained efforts to promote family planning by the government and international non-governmental organizations (NGOs).

Knowledge of family planning in Ethiopia has only recently caught up to levels in other sub-Saharan African countries: the proportion of women who have heard of at least one contraceptive method rose from 85% in the 2005 Ethiopian Demographic Health Survey (EDHS) (Central Statistical Agency & ORC Marco, 2006) to 97% in the 2011 EDHS (Central Statistical Agency and ICF International, 2012). Over that same five-year period, knowledge of the intrauterine device (IUD) shot up dramatically from 15% to 68% of women. However, familiarity with another long-acting method, implants, barely changed: knowledge increased from 22% to just 26% of women.

Just over half of married women who do not currently use a contraceptive method (52% in the 2005 EDHS and 56% in the 2011 EDHS) say they intend to use family planning in the future. However, the actual contraceptive prevalence rate (CPR) was just 15% in 2005, mainly because of limited access to adequate health care services and supplies. While the CPR almost doubled to 29% in 2011, a considerable gap remains between supply and demand. Unmet need for family planning is almost twice as high in rural as urban areas. (28% and 15%, respectively)

Among Ethiopia's nine administrative divisions (in practice, ethnically based states), Oromia Region is the largest and most populous, with over 30 million residents

it includes the national capital of Addis Ababa. In 2005, the total fertility rate (TFR) in Oromia (6.2 children per woman) was higher than in any other region in Ethiopia, and only 14% of currently married women were using any type of contraception (Central Statistical Agency & ORC Marco, 2006). By 2011, the TFR had fallen to 5.6, while the CPR had almost doubled to 26% (Central Statistical Agency and ICF International, 2012). Access to maternal health care remains limited, however. In 2011 only 31% of pregnant women in Oromia received antenatal care (ANC) from health professionals (up from 25% in 2005), only 8% delivered at a health facility (up from 4% in 2005), and only 8% received assistance from a health professional at delivery. (up from 5% in 2005)

Oromia Region is divided into 12 Zones. Arsi is one of those Zones and has a population of 2.7 million, about 88% of whom live in rural areas. Arsi Zone is subdivided into 25 Woredas. Public health centers located in 13 of these Woredas provide family planning services. However, services are limited by shortages of contraceptives, such as oral pills and IUDs, understaffing, and a lack of expertise on contraception among health extension workers (HEWs). Still other obstacles discourage community members from seeking family planning services; these include a lack knowledge of and experience with family planning and negative attitudes towards contraceptive use. (Yonsei University, 2011)

To tackle these problems, the Korea International Cooperation Agency (KOICA) funded the Community-Based Family Planning Project in Arsi Zone, especially focused on Hetosa Woreda, from January 2009 to December 2010. The project was implemented by Yonsei University (Korea) in coordination with Ethiopia's Ministry of Health (MOH). The overall goal was to boost sustainable family planning by stimulating demand for contraception and increasing access to services through improvements in the quality and quantity of services.



The Community-Based Family Planning Project



II

The Community-Based Family Planning Project

The Community-Based Family Planning Project in Hetosa Woreda, Arsi Zone was implemented from January 2009 to December 2010. Following this main project period, a limited scope of project activities continued through a phase-out period extending from January to December 2011. These activities were mostly confined to the Public Health Training Center (PHTC). The following description focuses on the main project period.

The main purpose of the project was to increase the use of contraceptive methods, especially more effective long-acting and permanent methods. Among these methods, implants are more widely accepted by Ethiopians than IUDs, tubal ligation, and vasectomy. When the project started, the Ethiopian government was actively promoting implants and also rolling out a strategy to train and deploy full-time Health Extension Workers (HEWs) to expand basic services to the household level by offering services at village health posts and during home visits. The family planning project was designed to support government priorities by focusing on long-acting contraceptive methods.

The core intervention activities can be grouped in four areas:

1. Community mobilization and outreach,
2. Service provision of long-acting methods,
3. Building and operating a Public Health Training Center (PHTC), and
4. Capacity-building of health service providers and community health leaders.

All of these activities were conducted in anticipation of synergistic changes

resulting from bottom-up efforts to strengthen family planning knowledge, attitudes, and practices among community members. To ensure the smooth implementation of the interventions, the project built partnerships with all levels of government, other non-governmental organizations (NGOs) working in the same field, and local community leaders.

A regional office for the Community-Based Family Planning Project was set up in Addis Ababa; it built a partnership with the Ethiopia office of KOICA, the Oromia Health Bureau (ORHB), and international NGOs to establish a foundation for the project and was charged with administrative affairs. A local project office was set up in Hetosa Woreda. One project manager and one project team member were deployed to each of these offices.



■ A. Community mobilization and outreach

Community mobilization was the backbone of the project. The project capitalized on the well-established, existing workforce of HEWs to mobilize the community and provide family planning services. Hetosa Woreda is divided into 25 Kebeles, and one or two HEWs were assigned to each Kebele. Thus, there were 40 to 50 HEWs at any given time in Hetosa. HEWs worked closely with outreach family planning services that visited the villages and also contributed to outreach campaigns and community meetings.

The project helped organize and support various health management committees in order to increase the involvement of regional public servants and community members in planning and implementing the project and conducting community mobilization activities. Four kinds of committees operated throughout the project period. The Local Committee consisted of representatives from the community.

The Active Committee included core members from the Zonal and Local Committees to enable efficient decision-making. There was also a PHTC Joint Committee. Each committee held regular monthly meetings to discuss project-related issues, develop strategies to achieve project objectives, promote community organization, and make decisions. Together, these committees held a total of 127 meetings.

Thirteen awareness-raising campaigns involving more than 5,000 participants were held in Hetosa in collaboration with local government officials and the community itself. At the Kebele level, health education was conducted through entertainment, talks, and group discussions. At the Woreda level, a campaign was conducted in the market with music, drama, a large banner, and other health education activities. In addition, the project developed various information, education, and communication (IEC) materials to provide culturally acceptable information to community members. For example, a scenario for a 10-minute drama about family planning was written in the local language and Oromia community teams performed a drama based on the scenario at community gatherings to promote family planning.

Finally, the project established health education centers in three Kebeles to educate community health leaders. Trained leaders held community gatherings and health education events with project support.



■ B. Provision of long-term family planning methods

The project increased access to services by providing direct services to community members in parallel with government health centers. Services were provided through outreach activities, mobile vans, and the PHTC. While a full range of contraceptive methods were offered, services focused on long-acting methods,

especially implants. According to the project report, from January 2009 to September 2010, the project provided long-acting methods (mostly insertions of Jadelle and Implanon) to 2,027 women, removed implants in 72 women, provided short-acting methods to 177 people, and provided individual family counseling to 14,992 people.

After a policy change permitted HEWs to insert implants, the project gave them in-depth training on the clinical skills needed to insert implants, via both a workshop and on-the-job training.



■ C. Public health training center

The project built a public health training center (PHTC) in the town of Iteya (the administrative center of Hetosa Woreda) over a nine-month period and began using it in April 2010. The PHTC provided family planning training courses for health service providers and community members. It houses a large auditorium, two lecture rooms, a room designated for adolescents, an office, and health care facilities. The training center also includes a dormitory that can accommodate 40 people.

From April to December 2010, the project held 148 events with over 15,000 participants at the training center. A variety of programs other than family planning training were developed and offered to community residents in order to strengthen community cohesion and promote a sense of ownership. These programs included income generation activities and beading classes.



D. Capacity building for providers and community leaders

The project conducted training courses for nurses in Hetosa Woreda to give them more in-depth knowledge, counseling skills, and clinical skills on long-term contraception. Each course lasted from one to ten days. There were a total of 410 participants, although the same nurse may have taken multiple courses.

Four different kinds of one to two-day training courses were held for HEWs. They were designed to educate HEWs on counseling skills, introduce the latest contraceptive methods, and help them manage side effects experienced by community members. HEWs were also trained on how to insert implants, but they were not allowed to remove implants. The project offered on-the-job training as well as workshops on implant insertion. A total of 368 participants attended these training courses, although the same HEW may have taken more than one course.

The project trained men, women, and adolescents to act as community health leaders. These one- to six-day courses focused on health education to increase awareness of family planning and the use of contraceptives by community members. More than 3,000 community participants attended these courses, although some individuals may have taken more than one course.



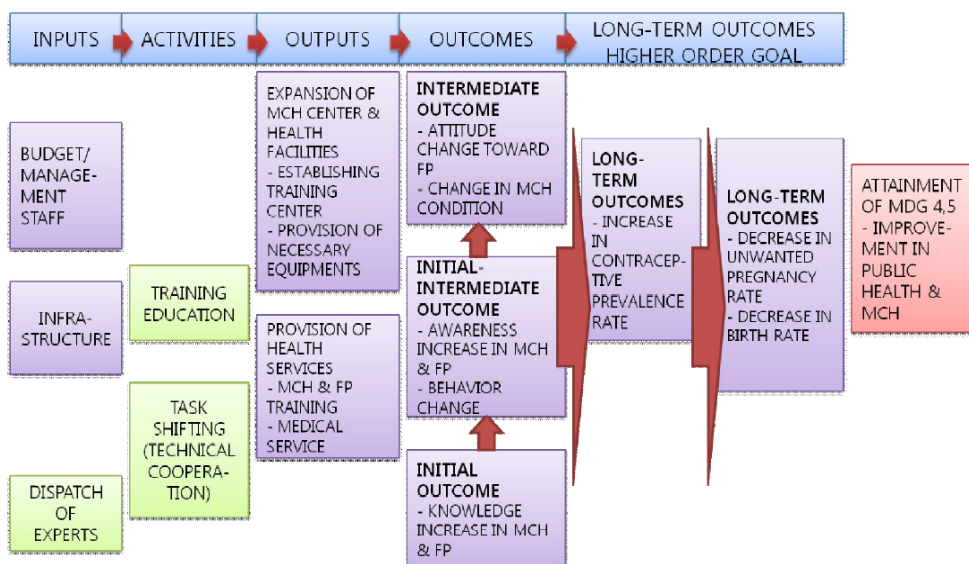
E. Logical framework of the project

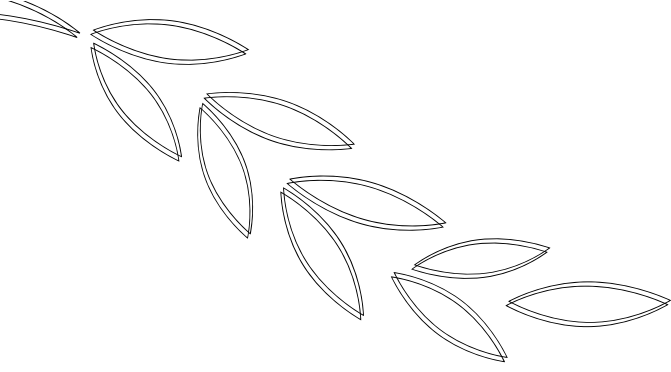
The chart below presents the results framework guiding the project. Although the project encompassed a variety of activities, training health-related professionals and workers on family planning was of central importance. In order to implement

the project as designed, with a concentration on training, the first step was to invest in the infrastructure needed to establish an environment suitable for training and to dispatch experts for technical cooperation.

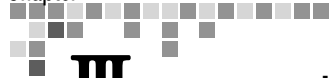
Following the logical sequence in the framework, the more people who are trained, the easier it is to access family planning services. The expected project outcomes- changes in family planning knowledge, attitudes, and behavior- would then take place one after another. Behavioral changes by community members, especially fertile women, lead to an increase in contraceptive prevalence, which ultimately prevents cases of unwanted pregnancy, reduces the birthrate, and improves public health as well as maternal and child health.

Chart 1. Result framework of the FP project





Methods



III

Methods



A. Research Questions

This evaluation is designed to assess the impact of KOICA's Community-Based Family Planning Project on desired family planning outcomes, including knowledge of family planning methods, attitudes toward fertility issues, and use of contraceptives, especially long-acting methods. Specific research questions include:

- Did women's knowledge, attitudes, and practices regarding family planning change significantly at the intervention site from 2009 to 2011?
- When the project ended in 2011, were there significant differences between intervention and comparison sites in women's knowledge, attitudes, and practices regarding family planning?
- During the nine months after the project ended, were changes in knowledge, attitudes, and practices sustained at the intervention site?
- Nine months after the end of the project, were there significant differences in women's knowledge, attitudes, and practices regarding family planning between intervention and comparison sites?



■ B. Study design

The evaluation employs a quasi-experimental study design that measures:

- Changes over time at the intervention site and
- Differences in study outcomes between intervention and comparison sites.

To this end, the study design involves data collected at three points in time (Table 1). The first round of data collection took place in May 2009, shortly after project activities began, and was conducted as part of project monitoring activities; hence data was collected only at the intervention site of Hetosa. The second round of data collection took place at the end of the project phase-out period in December 2011 and included both the intervention and comparison sites. A third and final round of data collection at both intervention and comparison sites took place in August-September 2012 it investigated the sustainability of the project and its longer-term outcomes.

Table 1. Time and place of data collection

Study sites	Mid-point of intervention (May 2009)	End of intervention (Dec. 2011)	Post- intervention (Aug.-Sep. 2012)
Intervention	√	√	√
Comparison		√	√

This report analyzes:

- Changes at the intervention site from 2009 to 2011 and 2012,
- Differences between intervention and comparison sites in 2011, and
- Differences between intervention and comparison sites in 2012.

C. Study sites

The Community-based Family Planning Project was conducted in Hetosa Woreda, which is located in the Arsi Zone of the administrative region of Oromia. Two other Woredas in Arsi were selected as comparison sites for the evaluation. The initial selection process for comparison sites looked for Woredas that matched Hetosa on two key characteristics:

1. Size of the target population, as measured by the total population size and the proportion of women of reproductive age (WRA), and
2. Service provision, as measured by the number of nurses, HEWs, health centers, and health posts.

Based on these criteria, four potential candidates were identified for comparison sites: Jeju, Zuway Dugda, Lode Hetosa, and Digalu Tijo (Table 2).

However, the location of two of these Woredas, which bordered on Hetosa, raised concerns that project activities might have spilled over and contaminated the sites. Therefore, Jeju and Digalu Tijo were selected as the comparison sites for the impact evaluation. Hetosa, Jeju, and Digalu Tijo are located in different directions from the zonal capital, Assella (see Figure 1).

Figure 1. Intervention and comparison sites

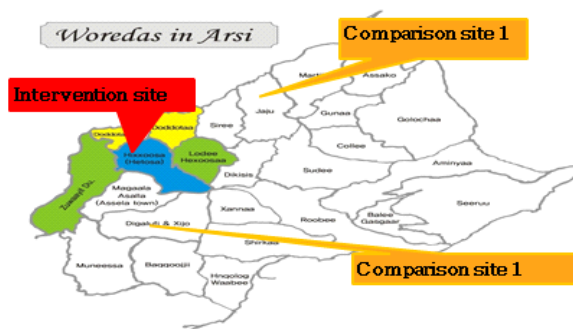


Table 2. Characteristics of intervention site and candidates for comparison sites

Woreda	Target population (2011)				Number of providers and service points				
	Population	# of households	# of WRA	% of WRA	Nurses (diploma)	HEWs	Health centers	Health posts	Support staff
Hetosa	139,707	29,106	25,566	18.30	12	46	3	23	11
Jeju	138,561	28,867	25,357	18.30	18	51	3	23	23
Zuway/ Dugda	134,989	28,123	24,703	18.30	15	57	0	0	24
Lode /Hetosa	121,092	25,228	21,160	17.47	15	38	0	0	22
Digalu Tijo	157,393	32,790	28,803	18.30	12	48	4	25	24



D. Sampling

Two-stage random sampling was used to select the respondents for the survey to ensure that the sample was representative of the entire population. Each of the three Woredas included in the study is divided into 25 to 29 Kebeles, the vast majority of which are located in rural areas. During the first stage of the sampling process, a random sample of one urban and six rural Kebeles was chosen to participate in the 2009 survey. The same procedures were used to select one urban and five rural Kebeles in each of the three Woredas for inclusion in the 2011 and 2012 surveys. One additional rural kebele, Shaki Sarara, was purposively added to the 2011/2012 sample in Hetosa because the project's bottom-up, community mobilization approach was most intensively implemented there (Table 3).

Table 3. Kebeles where data was collected

Location	Intervention site		Comparison sites	
	Hetosa (2009)	Hetosa (2011 & 2012)	Diegluna Tijo (2011 & 2012)	Jeju (2011 & 2012)
Urban	Iteya	Iteya	Sagure 01	Bolle 01
Rural	Bone Sero	Boru Lencha	Aymura Boldena	Abule
	Dene	Dawi Guticha	Bucho Silase	Egu
	Hate	Hate Handode	Bura Jale	Huruta Dore
	Jang	Odda Jila	Burkitu	Kekersa Sharbe
	Sero	Shaki Sarara	Kubsa Bora	Utamo Doje
	Sibu	Tedo Lamman		

During the second stage, a random sample of households within each Kebele was selected from a list of all households in that Kebele. In 2011 and 2012, women age 15 to 49 living in those households were eligible for interviews, regardless of whether or not they were currently using family planning. Data for 2009 is limited to women age 20 to 49, because adolescent girls were interviewed with a different instrument. Only one woman per household was interviewed during each survey round. If there was more than one eligible woman in the household, the eldest woman with children was interviewed.

The household sample size was calculated based on:

- household composition, i.e., the proportion of households including women age 15-49,
- estimated contraceptive prevalence of 15%,
- magnitude of the change in contraceptive prevalence expected,
- power needed to establish statistical significance, and
- Acceptable sampling error of 3-4%.

Interviews were conducted with 640 women in Hetosa in 2009 and with 540 women in each of three Woredas (Hetosa, Diegluna Tijo, and Jeju) in 2011 and 2012.



E. Questionnaire

KOICA developed a model questionnaire for this study to measure the impact of project activities. It is based on a series of longer instruments for women, men, and adolescents fielded by Yonsei University for a panel study evaluating project activities (Yonsei University, 2011). Relevant questions were extracted from the woman's instrument to ensure that newly gathered data could be compared with the existing dataset. The questionnaire was reviewed and adjusted with the help of a local consultant. This resulted in minor modifications of some of the questions and options.

The final questionnaire, which takes approximately 30 minutes to administer, collected information on the respondent's knowledge of family planning methods, attitudes regarding fertility issues, family planning practices, and decision-making in the household. It also collected information on basic socio-demographic characteristics that are known to be associated with family planning knowledge, attitudes, and practices; these include age, education, employment, and fertility experience. (The survey questionnaires can be found in Annexes A and B.)



F. Fieldwork

All data was collected through a conventional household survey. In 2009, seven members of the Zonal Committee were assigned three or four Kebeles each. Prior to data collection, they contacted village representatives to explain the survey activities. Six men and six women with experience in conducting household surveys were recruited and trained to conduct the fieldwork. They worked in teams of two (one man and one woman) to visit households and conduct interviews. Each

team member interviewed respondents of the same sex, and interviews with women and men were conducted in different places. One survey supervisor was employed to monitor the data collection process on a daily basis and check data quality. Data was collected from May 20 to June 20, 2009.

In 2011 and 2012, six interviewers were recruited to conduct the survey in each Woreda. They were responsible for identifying selected households, gaining the consent of respondents, conducting interviews, and coding and recording responses. Three supervisors who were fluent in the local language and had experience in conducting surveys in similar settings were recruited to oversee the fieldwork in each of the three Woredas. They were responsible for liaising with stakeholders, overseeing the sampling process, selecting and overseeing the training of survey enumerators, monitoring the daily progress of data collection, reviewing and cross-checking completed questionnaires.

Prior to each survey, supervisors and interviewers attended a training course that offered detailed instructions on all survey procedures, discussed interview techniques and questionnaire items, and provided practice on all skills.

Local authorities and community leaders were contacted in advance of the fieldwork, so that any concerns could be addressed. They were informed of the purpose of the survey, the general nature of survey activities, and the schedule.



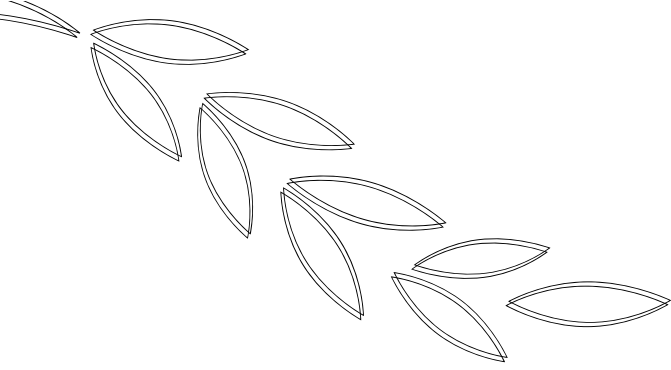
■ G. Data analysis

Data entry and cleaning were supervised by the Monitoring & Evaluation manager at the KOICA regional office in Addis. Data analysis was conducted by the Family Planning Impact Evaluation study team in Korea.



H. Ethical considerations

The study protocol and procedure were prepared in line with the rules governing social science research in Ethiopia and received approval from an institutional review board (in Oromia Health Bureau). To ensure respondents' participation was voluntary, potential study subjects were briefed on the nature of the study and asked for their verbal consent before they were interviewed. (The consent form can be found in Annex A & B.) Fieldworkers made a great effort to ensure that respondents understood the objectives of the study and to maintain the privacy of the interview.



Findings



IV

Findings



A. Characteristics of respondents

Most survey respondents in Hetosa were married and age 20-39. As Table 4A shows, however, there were significant differences in the survey samples in Hetosa during the three rounds of data collection. Over time, the proportion of women age 40 or older fell from 18% in 2009 to 11% in 2011 and then to 7% in 2012, and the proportion with some education increased (51%, 61%, and 71%, respectively). The proportions who were married and Muslim increased from 2009 to 2011, before falling in 2012.

Table 4A. Trend analysis: Percent distribution of women surveyed in Hetosa by background characteristics, according to survey round

Background characteristic	2009	2011	2012	p value
Age group	(n=640)	(n=540)	(n=540)	
15 - 19	4.2	4.6	5.4	<0.001
20 - 29	46.4	54.8	50.6	
30 - 39	31.3	30.0	37.2	
40 - 49	18.1	10.6	6.8	
Marital status	(n=639)	(n=540)	(n=540)	
Single	4.7	1.5	3.0	0.004
Married	87.8	93.5	92.0	
Divorced/separated/widowed	7.5	5.0	5.0	
Education	(n=617)	(n=540)	(n=537)	
None	49.4	39.1	29.4	<0.001
Some	50.6	60.9	70.6	

Table 4A. continued

Background characteristic	2009	2011	2012	p value
Religion	(n=640)	(n=540)	(n=540)	
Orthodox	61.5	44.1	49.3	<0.001
Muslim	37.4	53.6	47.4	
Catholic and Protestant	0.1	1.3	2.8	
Other	0.2	0.9	0.5	

Table 4B shows that there were also significant differences between women surveyed in the intervention and comparison sites. Compared with women at the intervention site of Hetosa, a larger proportion of women in the comparison sites were age 30 or older and had no education. In religion, a smaller proportion were Orthodox were the same in both 2011 and 2012 in comparison sites compared to Hetosa. There were also significantly fewer married women at the comparison sites than in Hetosa in 2011, but not in 2012.

Table 4B. Cross-sectional analysis: Percent distribution of women surveyed by background characteristics in 2011 and 2012, according to study condition

Background characteristic	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
Age group	(n=540)	(n=1080)		(n=540)	(n=1080)	
15 - 19	4.6	5.7	0.001	5.4	3.0	<0.001
20 - 29	54.8	41.1		50.6	35.7	
30 - 39	30.0	36.5		37.2	45.4	
40 - 49	10.6	16.7		6.8	15.9	
Marital status	(n=540)	(n=1080)		(n=540)	(n=1080)	
Single	1.5	5.6	0.001	3.0	3.4	0.523
Married	93.5	89.3		92.0	92.7	
Divorced/ separated/ widowed	5.0	5.1		5.0	3.9	

Table 4B. continued

Background characteristic	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
Education	(n=540)	(n=1070)		(n=537)	(n=1078)	
None	39.1	67.4	0.001	29.4	57.8	<0.001
Some	60.9	32.6		70.6	42.2	
Religion	(n=540)	(n=1080)		(n=540)	(n=1080)	
Orthodox	44.1	39.9	0.001	49.3	37.6	<0.001
Muslim	53.6	53.5		47.4	55.1	
Catholic/Protestant	1.3	5.2		2.8	5.4	
Other	0.9	1.4		0.5	1.9	



■ B. Fertility

Fertility patterns

The mean age at marriage in Hetosa rose significantly, from 16.7 years in 2009 to 17.6 years in 2011 and then to 18.0 years in 2012 (Table 5A). Over the same period, the mean age at first birth also rose significantly, from 18.4 to 19.2 and then 19.6 years.

Family size grew significantly smaller in Hetosa over time. The proportion of women with two children or fewer rose from 34% in 2009 to 43% in 2012, while the proportion with six children or more fell from 27% to 19%. About 9% of women in Hetosa were pregnant during each survey round. There was a dramatic change from 2011 to 2012 in whether the youngest child or current pregnancy was wanted: the proportion of women saying the child or pregnancy was wanted at that time jumped from 48% to 79%, while the proportion saying the child or pregnancy

was unwanted fell from 21% to 5%. Women's reproductive intentions also changed significantly over time. The proportion of women who wanted more children initially fell from 46% in 2009 to 42% in 2011, but then rose to 59% in 2012.

Table 5A. Trend analysis: Fertility patterns of women surveyed in Hetosa, according to survey round

Fertility attribute	2009	2011	2012	p value
Age at marriage	(n=610)	(n=530)	(n=522)	
Mean, in years	16.7	17.6	18.0	<0.001
Age at first birth	(n=588)	(n=499)	(n=505)	
Mean, in years	18.4	19.2	19.6	0.001
Number of living children (%)	(n=628)	(n=513)	(n=534)	
0 - 2	33.8	33.1	42.7	0.009
3 - 5	39.6	43.9	38.0	
6 or more	26.6	23.0	19.3	
Currently pregnant	(n=579)	(n=536)	(n=538)	
Yes	8.8	9.3	9.5	0.921
Current or last pregnancy was: (%)	(n=540)	(n=536)	(n =525)	
Wanted then	49.3	47.6	78.9	<0.001
Wanted later	29.3	31.2	16.6	
Not wanted	21.4	21.2	4.5	
Reproductive intentions (%)	(n=579)	(n=573)	(n =506)	
Wants more children	45.6	42.1	59.3	<0.001
Wants no more children	45.9	46.9	29.4	
Undecided	8.5	11.0	11.3	

Table 5B shows significant differences in the fertility patterns at intervention and comparison sites. Both the mean age at marriage and age at first birth were significantly lower in Hetosa than at the comparison sites in both 2011 and 2012.

The number of living children was similar at intervention and comparison sites in 2011. However, in 2012 women in Hetosa had significantly smaller families than women at the comparison sites. About one in ten women were pregnant at the

time of the survey in both the intervention and comparison sites in 2011, but women in Hetosa were significantly more likely to be pregnant than women at the intervention sites in 2012 (10% versus 7%). Women in Hetosa were significantly more likely than their peers at comparison sites to report that their last child was wanted at that time in both 2011 (48% versus 25%) and 2012 (79% versus 57%). There was also a significant difference in women's reproductive intentions in 2011, with women in Hetosa less likely than women in intervention sites to want another child (42% versus 54%). That pattern was reversed in 2012.

Table 5B. Cross-sectional analysis: Fertility patterns of women surveyed in 2011 and 2012, according to study condition

Fertility attribute	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
Age at marriage	(n=530)	(n=1025)		(n=522)	(n=1052)	
Mean, in years	17.6	18.5	<0.001	18.0	18.7	<0.001
Age at first birth	(n=499)	(n=996)		(n=505)	(n=1020)	
Mean, in years	19.2	19.8	<0.001	19.6	20.1	<0.001
Number of living children (%)	(n=513)	(n=994)		(n=534)	(n=1069)	
0 – 2	33.1	28.0	0.105	42.7	26.8	<0.001
3 – 5	43.9	46.3		38.0	44.7	
6 or more	23.0	25.7		19.3	28.5	
Currently pregnant	(n=536)	(n=1072)		(n =538)	(n=1074)	
Yes	9.3	11.6	0.169	9.5	6.5	0.033
Current or last pregnancy was: (%)	(n=573)	(n=1073)		(n=525)	(n=1072)	
Wanted then	47.6	24.7	<0.001	78.9	56.9	<0.001
Wanted later	31.2	34.5		16.6	18.8	
Not wanted	21.2	41.8		4.5	24.3	
Reproductive intentions (%)	(n=473)	(n=880)		(n=506)	(n=969)	
Wants more children	42.1	54.2	<0.001	59.3	53.4	0.092
Wants no more	46.9	33.9		29.4	33.4	
Undecided	11.0	11.9		11.3	13.2	

Fertility preferences

The survey asked women about their views on ideal fertility patterns. The trend analysis in Table 6A shows that the ideal age at first birth increased significantly in Hetosa, from 18.7 years in 2009 to 19.4 years in 2011 and then to 20.1 years in 2012. At the same time, the proportion of women endorsing large families of at least six children rose from 18% in 2009 to 26% in 2011, before falling to 23% in 2012. There was no significant change in women's views on spacing children, with more than four-fifths of women in Hetosa considering the ideal gap to be at least three years.

Beliefs about the ideal time to start using contraception also changed significantly during an after the project. The proportion of women in Hetosa who thought the ideal time to start was after having just one child rose from 27% in 2009 to 41% in 2011, and then shot up to 57% in 2012. Over the same period, the proportion of women who believed that family planning should wait until after having four or more children decreased steadily, from 41% in 2009 to 11% in 2011 to 12% in 2012.

Table 6A. Trend analysis: Percent distribution of women surveyed in Hetosa by fertility preferences, according to survey round

Preferences	2009	2011	2012	p value
Ideal age at first birth	(n=639)	(n=520)	(n=538)	
Mean, in years	18.7	19.4	20.1	<0.001
Ideal number of children (%)	(n=639)	(n=511)	(n=539)	
1 to 3	13.9	10.8	11.9	0.023
4 or 5	68.1	63.6	65.1	
6 or more	18.0	25.6	23.0	
Ideal spacing between children (%)	(n=635)	(n=514)	(n=524)	
≤ 2.5 years	15.6	16.5	18.3	0.459
≥ 3 years	84.4	83.5	81.7	

Table 6A. continued

Preferences	2009	2011	2012	p value
Ideal time to begin using contraception	(n=622)	(n=514)	(n=528)	
Before any births	0.5	7.0	2.3	<0.001
After 1 birth	26.8	40.9	57.4	
After 2 births	22.5	30.7	21.2	
After 3 births	9.2	10.7	7.0	
After 4 or more births	41.0	10.7	12.1	

Table 6B shows that there was little difference in opinion on the ideal age at first birth between intervention and comparison sites. However, there was a significant disagreement regarding the ideal number of children. A smaller proportion of women in Hetosa than the comparison sites endorsed large families of six or more children in both 2011 (26% versus 40%) and 2012 (23% versus 34%). In addition, women in Hetosa were far more likely to favor spacing births further apart- by three years or more- than women in comparison sites in 2011 (84% versus 25%) and that pattern continued in 2012 (82% versus 29%).

A significantly smaller proportion of women in Hetosa than the comparison sites believed the ideal time to begin using contraception was before bearing any children, and that gap widened from 21 percentage points in 2011 to 28 percentage points in 2012. However, women in Hetosa were more likely to favor starting contraception after having just one child, and that gap also widened, from 33 percentage points in 2011 to 45 percentage points in 2012.

Table 6B. Cross-sectional analysis: Percent distribution of women surveyed in 2011 and 2012 by fertility preferences, according to study condition

Preferences	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
Ideal age at first birth	(n=520)	(n=1080)		(n=538)	(n=1074)	
Mean, in years	19.4	19.7	0.086	20.1	20.5	0.004
Ideal number of children	(n=511)	(n=1055)		(n=539)	(n=1075)	
1 to 3	10.8	14.9	<0.001	11.9	11.7	<0.001
4 or 5	63.6	44.9		65.1	54.3	
6 or more	25.6	40.2		23.0	34.0	
Ideal spacing between children	(n=514)	(n=1012)		(n=524)	(n=1051)	
≤2.5 years	16.5	74.8	<0.001	18.3	71.4	<0.001
≥3 years	83.5	25.2		81.7	28.6	
Ideal time to begin using contraception	(n=514)	(n=1042)		(n=528)	(n=1038)	
Before any births	7.0	27.8	<0.001	2.3	29.9	<0.001
After 1 birth	40.9	8.1		57.4	12.5	
After 2 births	30.7	25.3		21.2	23.9	
After 3 births	10.7	20.8		7.0	23.0	
After 4+ births	10.7	18.0		12.1	10.7	



■ C. Knowledge of family planning

Knowledge of implants

The project focused its efforts on implants. In Hetosa, the proportion of women who had heard of implants almost doubled from 2009 to 2011 (48.3% and 93.9%, respectively, $p=.001$) and was nearly universal in 2012 (96.7%).

In 2011, three times as many women in Hetosa had heard of implants as in the comparison sites (93.9% and 30.6% respectively, $p=.001$). There was virtually no difference in 2012 (96.7% and 31.4%, $p=.001$).

Knowledge of locations offering family planning services

Table 7A shows that, during all three survey rounds, women in Hetosa were most likely to be aware of family planning services offered at government health posts and health centers. Knowledge of family planning services at government health posts became almost universal, rising from 58% of women in 2009 to 95% of women in 2012. Over that same period, there was also a dramatic increase in awareness of family planning services at government health centers (from 50% to 77%) and government hospitals (from 22% to 55%).

Women in Hetosa initially were much less familiar with other service delivery points. Over time, however, there was a steady increase in knowledge of family planning services at project-related events and locations. By 2012, one-fifth of women were aware that family planning services were being offered at marketplace tents sponsored by the project and two-fifths knew about family planning services offered at the project training center and health posts participating in project communication campaigns. Between 2011 and 2012, there was also a dramatic increase in awareness of family planning services offered at private hospitals (from 8% to 26%) and private clinics (from 13% to 47%).

Table 7A. Trend analysis: Percentage of women⁰ in Hetosa who know where family planning services are available, by survey round

Location	2009 (n=532)	2011 (n=472)	2012 (n=470)	p value
Government hospital	21.6	19.7	54.7	<0.001
Government health center	50.2	42.4	77.0	<0.001
Government health post	58.3	92.6	94.7	<0.001
Private hospital	1.1	7.8	25.7	<0.001
Private clinic	26.7	12.5	46.8	<0.001
NGO health facility	0.9	9.3	7.5	<0.001
Pharmacy	2.1	0.4	1.9	0.066
School	0.0	0.0	0.0	--
Project tent at marketplace	0.0	10.0	19.8	<0.001
Health post with project campaign ¹	0.0	24.6	39.4	<0.001
Health Training Center built by project	0.0	18.2	37.7	<0.001

⁰ The analysis is limited to women who (1) know of at least one contraceptive method and (2) know some place where family planning services are available.

¹ These are a subset of government health posts that participated in communication campaigns designed by the project to promote family planning.

Table 7B shows that there were substantial differences in women's knowledge of family planning service delivery points at intervention and comparison sites in 2011, and those differences increased further in 2012. Women in Hetosa were significantly more likely than their peers at comparison sites to know about the availability of family planning services at every kind of service delivery point in 2012, with just two exceptions: pharmacies and schools. The gaps were wide, not just for project-related outlets but also for government and private health facilities. In 2012, for example, 55% of women in Hetosa knew that government hospitals offered family planning services, compared with just 27% of women at intervention sites; comparable figures for private hospitals were 26% and 14%.

Table 7B. Cross-sectional analysis: Percentage of women⁰ who know where family planning services are available in 2011 and 2012, by study condition

Location	2011			2012		
	Intervention site (n=472)	Comparison sites (n=792)	p value	Intervention site (n=470)	Comparison sites (n=990)	p value
Government hospital	19.7	13.1	0.002	54.7	26.5	<0.001
Government health center	42.4	47.2	0.094	77.0	55.8	<0.001
Government health post	92.6	53.4	<0.001	94.7	69.2	<0.001
Private hospital	7.8	2.9	<0.001	25.7	14.2	<0.001
Private clinic	12.5	16.4	0.059	46.8	34.4	<0.001
NGO health facility	9.3	1.5	<0.001	7.5	1.5	<0.001
Pharmacy	0.4	5.7	<0.001	1.9	11.4	<0.001
School	0.0	1.5	0.007	0.0	1.1	0.022
Project tent at marketplace	10.0	0.0	<0.001	19.8	0.3	<0.001
Health post with project campaign ¹	24.6	0.0	<0.001	39.4	0.3	<0.001
Health Training Center built by project	18.2	0.0	<0.001	37.7	0.3	<0.001

⁰ The analysis is limited to women who (1) know of at least one contraceptive method and (2) know some place where family planning services are available.

¹ These are a subset of government health posts that participated in communication campaigns designed by the project to promote family planning.

Sources of family planning information

In 2009, radio and healthcare providers were the dominant sources of information about family planning methods in Hetosa, with over half of all women citing each of them (Table 8A). They were complemented by HEWs and community-based agents, who reached 29% and 19% of women, respectively. After the project was implemented, the pattern changed significantly. The vast majority of women began relying on HEWs for information about family planning methods (86% in 2011), and that pattern continued in 2012 (89%). The project's communication

campaign reached a substantial and growing proportion of women in Hetosa (29% in 2011 and 48% in 2012). Community based agents (CBAs) also played a steadily increasing role, reaching 43% of women in 2102. Although the role of radio was much reduced in 2011 (19%), it regained importance in 2012 (57%).

Table 8A. Trend analysis: Percentage of women in Hetosa⁰ who heard about family planning methods from various sources, by survey round

Source of information	2009 (n=622)	2011 (n=534)	2012 (n=539)	p value
Radio	58.5	19.3	57.2	<0.001
Newspaper	0.2	0.2	0.4	0.733
Billboard	1.9	0.2	0.0	<0.001
Television	3.1	6.9	12.1	<0.001
Brochure	2.3	0.0	4.6	<0.001
Project's communication campaign	0.0	29.6	48.1	<0.001
Healthcare provider	60.6	15.4	29.3	<0.001
Health extension worker (HEW)	28.6	86.3	89.4	<0.001
Community-based agent (CBA)	18.5	23.8	43.4	<0.001
Others (e.g., schools)	35.9	10.5	5.9	<0.001

⁰ The analysis is limited to women who know of at least one contraceptive method.

Table 8B shows major differences in information sources between intervention and comparison sites. While HEWs were cited by the majority of women everywhere, they played a bigger role in Hetosa than in the comparison sites in 2011 (86% versus 74%) that gap disappeared in 2012 (89% versus 90%). A significantly larger proportion of women in Hetosa than the comparison sites heard about family planning from healthcare providers in both 2011 (15% versus 3%) and 2012 (29% versus 14%). Women in Hetosa were less likely to report mass media sources, including radio, newspapers, and billboards, than their peers at the intervention sites. Exposure to television was lower in Hetosa than comparison sites in 2011 (7% versus 12%), but was nearly equal in 2012 (12% versus 14%).

Table 8B. Cross-sectional analysis: Percentage of women^o who heard about family planning methods from various sources in 2011 and 2012, by study condition

Source of information	2011			2012		
	Intervention site (n=534)	Comparison sites (n=1017)	p value	Intervention site (n=539)	Comparison sites (n=1053)	p value
Radio	19.3	67.2	<0.001	57.2	69.5	<0.001
Newspaper	0.2	5.4	<0.001	0.4	8.6	<0.001
Billboard	0.2	4.4	<0.001	0.0	2.0	0.001
Television	6.9	11.8	0.003	12.1	14.3	0.211
Brochure	0.0	0.9	0.029	4.6	1.9	0.002
Project's communication campaign	29.6	0.0	<0.001	48.1	0.1	<0.001
Healthcare provider	15.4	2.7	<0.001	29.3	13.6	<0.001
Health extension worker (HEW)	86.3	74.3	<0.001	89.4	90.1	0.657
Community based agent (CBA)	23.8	26.0	0.348	43.4	31.9	<0.001
Others (e.g., schools)	10.5	4.9	<0.001	5.9	3.8	0.119

^o The analysis is limited to women who know of at least one contraceptive method.



■ D. Contraceptive use

Method mix

The contraceptive method mix in Hetosa changed significantly from 2009 to 2011, and that change was sustained in 2012 (Table 9A and Figure 2). Current contraceptive use rose from 38% overall in 2009 to 60% in 2012, and long-acting methods accounted for nearly all of the increase: implant use shot up from 2% in 2009 to 29% in 2012. Use of every short-acting modern method and traditional method

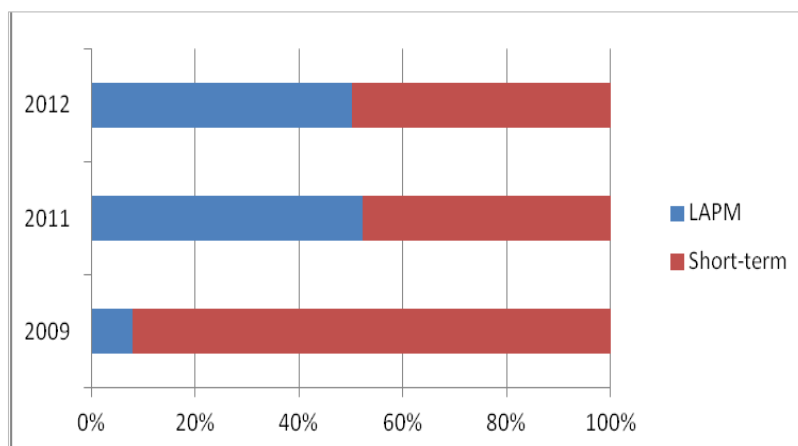
decreased from 2009 to 2011 in Hetosa before rebounding slightly, but not significantly, in 2012. Use of the most popular method in 2009, the injectable, declined slightly by the end of the project, but the change was not significant.

Table 9A. Trend analysis: Percent distribution of women surveyed in Hetosa by contraceptive method currently used, according to survey round

Contraceptive method ^o	2009 (n=640)	2011 (n=540)	2012 (n=540)	p value
Any method	37.7	53.2	60.0	<0.001
Any modern method	35.4	52.8	58.5	<0.001
Any long-acting or permanent method (LAPM)	2.8	27.6	29.4	<0.001
Vasectomy/Tubal ligation (TL)	0.6	0.6	0.9	0.736
Implant	1.7	25.9	27.2	<0.001
IUD	0.5	1.1	1.3	0.293
Any short-acting method	32.7	25.2	29.1	0.019
Injectable	29.2	23.7	26.9	0.103
Oral pills	3.0	1.3	1.7	0.098
Male condoms	0.3	0.2	0.6	0.576
Female condoms	0.2	0.0	0.0	0.430
Emergency contraception	0.0	0.0	0.0	--
Any natural or traditional method	2.2	0.4	1.5	0.029
Lactational amenorrhea method (LAM)	4.0	0.0	1.5	0.013
Natural methods	0.0	0.0	0.0	--
Withdrawal	0.5	0.0	0.0	0.079
Rhythm	1.1	0.2	0.0	0.012

^o For the purposes of this analysis, each woman was classified as using a single contraceptive method. When a woman reported using multiple methods, the most effective of those methods was retained and the others were dropped.

Figure 2. Trend in modern method mix in Hetosa



While overall contraceptive use was the same in Hetosa and the comparison sites in 2011, Figure 3 and Table 9B shows that there was a major difference in the method mix. Women in Hetosa were far more likely than their peers at the comparison sites to use implants (26% versus 4%) and far less likely to use injectables (24% versus 37%) or oral pills (1% versus 7%). The same pattern held true in 2012, when the gap in injectable use widened to 25 percentage points (Figure 4 and Table 9B).

Table 9B. Cross-sectional analysis: Percent distribution of women surveyed in 2011 and 2012 by contraceptive method currently used, according to study condition

Contraceptive method ^o	2011			2012		
	Intervention site (n=540)	Comparison sites (n=1080)	p value	Intervention site (n=540)	Comparison sites (n=1080)	p value
Any method	53.2	54.5	0.597	60.0	64.0	0.118
Any modern method	52.8	53.5	0.778	58.5	63.7	0.043
Any long-acting or permanent method (LAPM)	27.6	7.6	<0.001	29.4	6.7	<0.001
Vasectomy or tubal ligation (TL)	0.6	0.9	0.431	0.9	0.3	0.079
Implants	25.9	4.2	<0.001	27.2	5.8	<0.001
IUD	1.1	2.5	0.062	1.3	0.6	0.115

Table 9B. continued

Contraceptive method ⁰	2011			2012		
	Intervention site (n=540)	Comparison sites (n=1080)	p value	Intervention site (n=540)	Comparison sites (n=1080)	p value
Any short-acting method	25.2	45.9	<0.001	29.1	57.0	<0.001
Injectable	23.7	37.4	<0.001	26.9	51.9	<0.001
Oral pills	1.3	7.0	0.001	1.7	4.5	0.003
Male condoms	0.2	0.8	0.116	0.6	0.6	1.000
Female condoms	0.0	0.2	0.317	0.0	0.0	- -
Emergency contraception	0.0	0.5	0.113	0.0	0.0	- -
Any natural or traditional method	0.4	1.1	0.168	1.5	0.3	0.005
Lactational amenorrhea method (LAM)	0.0	0.1	0.479	1.5	0.0	<0.001
Natural methods	0.0	0.4	0.157	0.0	0.3	0.220
Withdrawal	0.0	0.0	--	0.0	0.0	- -
Rhythm	0.2	0.5	0.386	0.0	0.0	- -

⁰ For the purposes of this analysis, each woman was classified as using a single contraceptive method. When a woman reported using multiple methods, the most effective of those methods was retained and the others were dropped.

Figure 3. Modern method mix by study sites, 2011

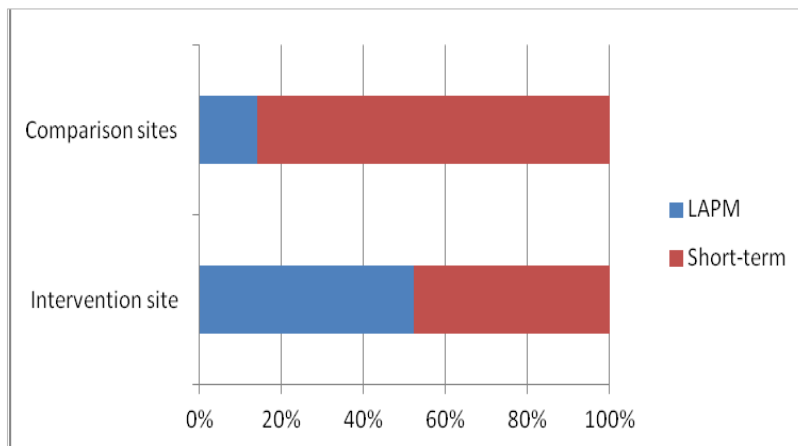
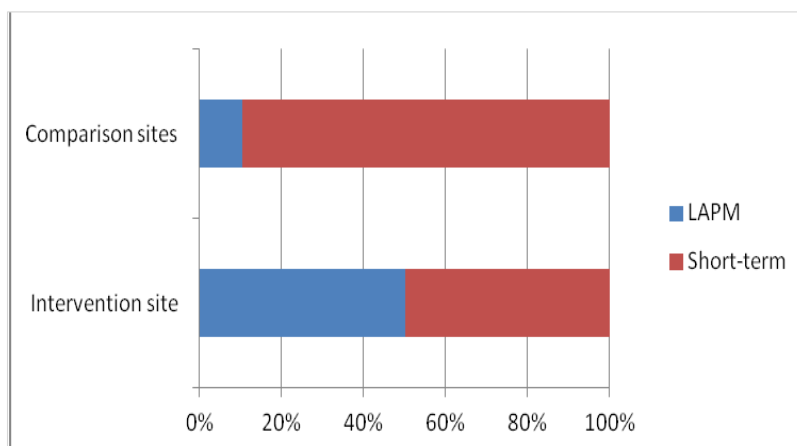


Figure 4. Modern method mix, by study sites, 2012



Family planning services

In Hetosa, over half of women who use a modern contraceptive method obtained that method from a government health post during each survey round; there was no significant change over time in the proportion of women they served (Table 10A). At the same time, however, the role played by government health centers declined significantly (from 38% in 2009 to around 15% in 2011 and 2012). Health posts associated with the project campaign supplied 21% of women in 2011, but only 13% in 2012. Other project-sponsored outlets for contraceptive methods supplied relatively few women: in 2012, 3% of women got their method from a FP Project Tent in the marketplace and 2% from the Health Training Center built by the project.

Although satisfaction with family planning services remains high among modern contraceptive users in Hetosa, levels declined somewhat after 2009. The proportion of women declaring themselves very satisfied with family planning services fell from 100% in 2009 to 88% in 2011 and 2012.

Interviewers asked women who were not using a modern method about their reason for not adopting family planning. Around half of women said they did not need contraception for fertility-related reasons: they were not having sex,

were menopausal or infecund, had post-partum amenorrhea, or were breast feeding. Among other women, opposition to use (their own, their husband's, or their religion's) grew significantly, rising from 3% in 2009 to 20% in 2011 and then to 24% in 2012. Lack of knowledge about methods or a source of supply decreased steadily in importance (from 17% in 2009 to 6% in 2011 to just 1% in 2012), as did method-related concerns about potential health issues, cost, and convenience (from 32% in 2009 to 18% in 2011 and 2012).

After 2009, non-users in Hetosa became increasingly likely to say they definitely intended to use family planning in future, and that trend continued through 2012. Almost half (49%) of women said they intended to use family planning in the next six months in 2012, up from 38% in 2011 and just 14% in 2009. There was a steady decline in the proportion of women who said they had to think about it (32% in 2009 versus 18% in 2011 and 14% in 2012) or did not intend to use contraception in future (42% in 2009 versus 35% in 2011 and 29% in 2012).

Table 10A. Trend analysis: Percent distribution of women surveyed in Hetosa by method source, satisfaction with services, and reasons for not using a method, according to survey round

Item	2009	2011	2012	p value
Among modern method users, source of current contraceptive method	(n=227)	(n=285)	(n=314)	
Government hospital	2.2	1.8	4.8	0.068
Government health center	37.9	15.1	15.6	<0.001
Government health post	54.2	56.1	62.4	0.118
Private hospital	0.0	0.4	1.0	0.265
Private clinic	6.2	2.8	2.6	0.056
NGO health facility	0.4	0.0	0.6	0.422
Pharmacy	0.4	0.0	0.0	0.267
School	0.8	0.0	0.0	0.267
FP Project tent (marketplace)	0.0	1.4	3.2	0.016
Health post with project campaign ⁰	0.0	21.3	12.7	<0.001
Health Training Center built by project	4.1	0.4	1.6	0.257

Table 10A. continued

Item	2009	2011	2012	p value
Among modern method users, satisfaction with FP services	(n=189)	(n=281)	(n=307)	
Very satisfied	100	87.6	88.3	<0.001
Satisfied	0	8.8	8.5	
Dissatisfied	0	3.5	3.2	
Among women who are not using a modern method, reason for not using FP	(n=363)	(n=231)	(n=175)	
Fertility-related	47.9	56.3	56.6	<0.001
Opposition to use	2.8	20.3	24.0	
Lack of knowledge	17.4	5.6	1.1	
Method-related	31.9	17.8	18.3	
Among women who are not using a modern method, intention to use FP in future	(n=370)	(n=177)	(n=202)	
Intend to use in a month	11.9	8.5	8.4	<0.001
Intend to use in 6 months	14.3	38.4	48.5	
Have to think about it	31.6	18.1	13.9	
Do not intend to use	42.2	35.0	29.2	

^o These are a subset of government health posts that participated in communication campaigns designed by the project to promote family planning.

Regardless of whether modern method users reside in an intervention or comparison site, they are most likely to obtain their method from a government health post (Table 10B). However, women in Hetosa were significantly less likely than those in comparison sites to obtain a method from a government health center or private clinic in both 2011 and 2012. In 2011, 21% of women in Hetosa reported sourcing their method from a health post participating in the project campaign and that figure fell to 13% in 2012.

Satisfaction with family planning services was significantly greater in Hetosa than in comparison sites, and the gap widened from 2011 to 2012. Fully 88% of modern method users in Hetosa reported that they were "very satisfied" with services in both years, compared with 45% of modern method users in comparison sites in 2011 and just 29% in 2012. Given how difficult it may be for Ethiopian women to express outright dissatisfaction with services, the lukewarm support for services at comparison sites is especially telling.

Women in the intervention and comparison sites gave widely different reasons for not using family planning (Table 7B). Compared with women in Hetosa, women in comparison sites were far less likely to cite fertility-related reasons, although the gap narrowed from 40 percentage points in 2011 to 26 percentage points in 2012. In both years, women in comparison sites were far more likely than women in Hetosa to cite opposition to use and lack of knowledge as reasons for not using family planning.

Non-users in Hetosa were significantly more likely than those in comparison sites to say they definitely intended to use family planning in the near future (47% versus 30% in 2011; 57% versus 41% in 2012). Women in Hetosa were half as likely to say they needed to think about it as women in comparison sites in both 2011 and 2012. Roughly similar proportions of women in Hetosa and comparison sites had made up their minds not to use family planning.

Table 10B. Cross-sectional analysis: Percent distribution of women surveyed in 2011 and 2012 by method source, satisfaction with services, and reasons for not using a method, according to study condition

Item	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
Among modern method users, source of current contraceptive method	(n=285)	(n=578)		(n=314)	(n=659)	
Gov't hospital	1.8	6.4	0.003	4.8	2.4	0.051
Gov't health center	15.1	41.5	<0.001	15.6	47.6	<0.001
Gov't health post	56.1	55.5	0.869	62.4	60.6	0.582
Private hospital	0.4	2.3	0.038	1.0	0.9	0.944
Private clinic	2.8	11.9	<0.001	2.6	18.3	<0.001
NGO health facility	0.0	0.7	0.159	0.6	0.0	0.040
Pharmacy	0.0	1.9	0.019	0.0	2.1	0.009
School	0.0	1.2	0.062	0.0	0.6	0.167
FP Project tent (marketplace)	1.4	0.0	0.004	3.2	0.3	<0.001
Health post with project campaign ⁰	21.3	0.0	<0.001	12.7	0.2	<0.001
Health Training Center built by project	0.4	0.0	0.154	1.6	0.2	0.007
Among modern method users, satisfaction with FP services	(n=281)	(n=576)		(n=307)	(n=652)	
Very satisfied	87.6	45.3	<0.001	88.3	29.1	<0.001
Satisfied	8.8	48.8		8.5	70.3	
Dissatisfied	3.5	5.9		3.2	0.6	
Among women who are not using a modern method, reason for not using FP	(n=231)	(n=225)		(n=175)	(n=306)	
Fertility-related	56.3	16.4	<0.001	56.6	31.1	<0.001
Opposition to use	20.3	45.3		24.0	43.5	
Lack of knowledge	5.6	13.8		1.1	15.0	
Method-related	17.8	24.5		18.3	10.5	
Among women who are not using a modern method, intention to use FP in future	(n=177)	(n=446)		(n=202)	(n=344)	
Intend to use in a month	8.5	0.9	<0.001	8.4	3.5	<0.001
Intend to use in 6 months	38.4	28.9		48.5	37.8	
Have to think about it	18.1	40.6		13.9	27.0	
Do not intend to use	35.0	29.6		29.2	33.7	

⁰ These are a subset of government health posts that participated in communication campaigns designed by the project to promote family planning.

Method preferences

Table 11A reports on the method preferences of women in Hetosa who are not currently using a modern contraceptive method. While interest in implants rose from 16% of women in 2009 to 24% in 2011 and 26% in 2012, the change was not significant. Decreasing interest in the injectable, from 73% in 2009 to 63% in 2012, was also not significant. Interest in the IUD and pill did not show a clear trend over time.

Table 11A. Trend analysis: Among women in Hetosa who are not using a modern contraceptive method, percentage who would prefer to use specific contraceptive methods in the future, by survey round

Contraceptive method	2009 (n=214)	2011 (n=115)	2012 (n=143)	p value
Long-acting or permanent method (LAPM)				
Vasectomy or tubal ligation (TL)	0.0	0.0	0.7	0.316
Implant	16.4	23.5	25.9	0.072
IUD	0.9	7.8	0.7	<0.001
Short-acting method				
Injectable	72.9	65.2	62.9	0.108
Oral pills	7.0	0.0	2.8	0.006
Male condoms	0.5	0.0	0.0	0.547
Female condoms	0.0	0.0	1.4	0.430
Emergency contraception	0.0	0.0	0.0	0.439
Natural or traditional method				
Lactational amenorrhea method (LAM)	1.9	0.0	4.2	0.063
Natural methods	0.0	0.0	1.4	0.099
Withdrawal	1.4	0.0	0.0	0.162
Rhythm	3.3	0.0	2.1	0.145
Other	0.5	0.0	0.0	0.463

Six times as many women in Hetosa expressed a preference for implants as women in the comparison sites in 2011, but that gap almost disappeared in 2012 (Table 11B). There was no significant difference in interest in other long-acting or permanent methods.

In both intervention and comparison sites, by far the most widely preferred method for future use was the injectable. In 2012, women in Hetosa were significantly less interested than women in the comparison sites in the pill (zero versus 24% in 2011; 3% versus 22% in 2012). While there was significantly more interest in the male condom and the rhythm method in comparison than intervention sites in 2011, the gap narrowed and became insignificant in 2012.

Table 11B. Cross-sectional analysis: Among women who are not using a modern contraceptive method, percentage who would prefer to use specific contraceptive methods in the future, by study condition and year

Contraceptive method	2011			2012		
	Intervention site (n=115)	Comparison sites (n=314)	p value	Intervention site (n=143)	Comparison sites (n=224)	p value
Long-acting or permanent method (LAPM)						
Vasectomy or tubal ligation (TL)	0.0	1.6	0.173	0.7	1.8	0.381
Implant	23.5	3.8	<0.001	25.9	22.8	0.497
IUD	7.8	3.9	0.354	0.7	3.6	0.083
Short-acting method						
Injectable	65.2	54.8	0.053	62.9	73.1	0.040
Oral pills	0.0	24.2	<0.001	2.8	22.3	<0.001
Male condoms	0.0	12.1	<0.001	0.0	2.2	0.072
Female condoms	0.0	2.5	0.042	1.4	0.0	0.054
Emergency contraception	0.0	1.0	0.293	0.0	1.3	0.165

Table 11B. continued

Contraceptive method	2011			2012		
	Intervention site (n=115)	Comparison sites (n=314)	p value	Intervention site (n=143)	Comparison sites (n=224)	p value
Natural or traditional method						
Lactational amenorrhea method (LAM)	0.0	1.3	0.224	4.2	1.3	0.084
Natural methods	0.0	0.6	0.391	1.4	5.4	0.054
Withdrawal	0.0	0.3	0.545	0.0	0.5	0.423
Rhythm	0.0	14.3	<0.001	2.1	4.9	0.170
Other	0.0	0.6	0.391	0.0	0.0	--

Table 12A shows a significant change in women's preferences regarding family planning providers in Hetosa over the project period. The proportion of women who preferred to consult a HEW for family planning more than tripled, from 20% in 2009 to 72% in 2011. At the same time, there were large drops in the proportion who wanted to see a doctor (from 49% to 22%) or nurse (from 16% to 6%) for family planning services. Those changes were sustained in 2012, with 74% of women expressing a preference for a HEW and only 17% wanting to see a doctor.

Table 12A. Trend analysis: Percent distribution of women in Hetosa by preferred provider of family planning services, according to survey round

Family planning provider	2009 (n=640)	2011 (n=533)	2012 (n=539)	p value
Doctor	48.9	22.2	17.4	<0.001
Nurse	16.3	5.6	7.1	<0.001
Health Extension Worker (HEW)	19.8	71.5	74.4	<0.001
CBA/CBRH	2.7	0.0	0.0	<0.001
Other	5.8	0.6	0.2	<0.001

Note: multiple responses permitted

Table 12B shows that, in 2011, women in Hetosa were twice as likely as women in comparison sites to prefer seeing a HEW for family planning services (72% versus 38%), but they were much less likely to express a preference for a nurse (6% versus 44%). While those differences narrowed in 2012, women in Hetosa continued to express a much stronger preference for HEWs than their peers at comparison sites (74% versus 48%) and a much weaker preference for nurses (7% versus 24%). While women in Hetosa were more likely than those in comparison sites to express a preference for doctors in 2011 (22% versus 19%), the reverse was true in 2012 (17% versus 29%).

Table 12B. Cross-sectional analysis: Percent distribution of women in 2011 and 2012 by preferred provider of family planning services, according to study condition

Family planning provider	2011			2012		
	Intervention site (n=533)	Comparison sites (n=997)	p value	Intervention site (n=539)	Comparison sites (n=1062)	p value
Doctor	22.2	19.2	0.120	17.4	28.6	<0.001
Nurse	5.6	43.7	<0.001	7.1	23.8	<0.001
Health Extension Worker (HEW)	71.5	37.9	<0.001	74.4	48.3	<0.001
CBA/CBRH	0.0	0.1	0.465	0.0	0.2	0.466
Other	0.6	1.4	0.135	0.2	0.2	0.991

Note: multiple responses permitted



■ E. Couple communication and decision-making

From 2009 to 2011, there was a small but significant change in the pattern of family planning decision-making in Hetosa, with joint decision-making by couples decreasing (from 86% to 79%) in favor of women taking the major responsibility for these decisions (from 9% to 14%). The trend away from joint decision-making

intensified in 2012, when only 62% of women reported joint decisions. Decision-making dominated by the woman rose to 22% and by the husband to 17%. It should be noted that the questionnaire forced respondents to choose among three possible responses (mainly woman, mainly husband, and joint), which may have down played the extent of joint decision-making.

There was also a significant decrease in the proportion of women who reported discussing family planning with someone else from 66% in 2009 to 55% in 2011, before it rebounded to 76% in 2012 (Table 13A). This shift was driven mainly by changes in discussion with friends and neighbors, which dropped from 47% in 2009 to 23% 2011, before rising to 34% in 2012. In contrast, spousal discussion of family planning increased rose from 74% in 2009 to 96% in 2011 and then plateaued.

Table 13A. Trend analysis: Percent distribution of women surveyed in Hetosa by family planning (FP) discussion and decision-making, according to survey round

Item	2009	2011	2012	p value
FP decision made by:	(n=598)	(n=528)	(n=513)	
Mainly woman	8.5	14.0	21.6	<0.001
Mainly husband	5.7	6.8	16.6	
Joint	85.8	79.2	61.8	
Discussed FP with someone?	(n=615)	(n=540)	(n=518)	
Yes	66.0	55.2	75.8	<0.001
No	34.0	44.8	21.2	
If yes, whom did they discuss FP with?	(n=406)	(n=298)	(n=405)	
Husband	73.7	96.0	95.3	<0.001
Family member	10.6	6.0	9.9	0.093
Friends or neighbors	46.3	22.5	33.8	<0.001

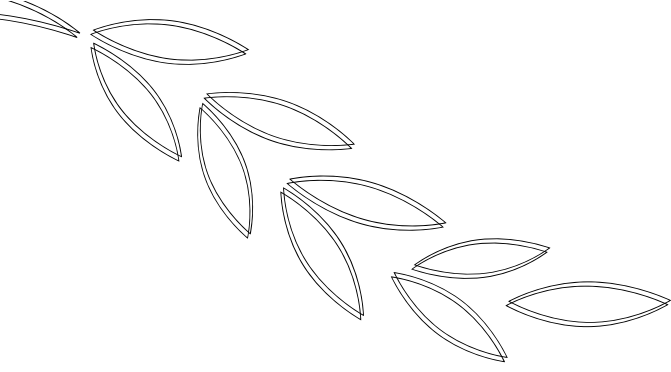
The 2011 survey revealed a dramatic difference between intervention and comparison sites in who takes responsibility for making family planning decisions. In Hetosa, joint decision-making predominated (79%), while decision-making by women

was the most common pattern at comparison sites (44%), followed by decision-making by husbands (30%). While differences between the intervention and comparison sites narrowed in 2012, the overall pattern was sustained, with joint decision-making remaining far more common in Hetosa than the comparison sites (62% versus 31%).

In 2011, women in Hetosa were less likely to discuss family planning than women in the comparison sites (55% versus 64%) (Table 13B). By 2012, that pattern had reversed itself, although discussions of family planning became more widespread in all locations. Women in Hetosa were more likely to talk about family planning with their husbands than their peers at comparison sites, but that gap narrowed from 20 percentage points in 2011 to 13 percentage points in 2012. In 2011, 2012 a larger proportion of women in Hetosa than the comparison sites discussed family planning with friends and neighbors rather than family members.

Table 13B. Cross-sectional analysis: Percent distribution of women surveyed in 2011 and 2012 by family planning (FP) discussion and decision-making, according to study condition

Item	2011			2012		
	Intervention site	Comparison sites	p value	Intervention site	Comparison sites	p value
FP decision made by:	(n=528)	(n=979)		(n=513)	(n=983)	
Mainly women	14.0	44.2	0.001	21.6	38.4	<0.001
Mainly spouse	6.8	30.3		16.6	30.6	
Joint	79.2	25.4		61.8	31.0	
Discussed FP with someone?	(n=540)	(n=1080)		(n=518)	(n=1041)	
Yes	55.2	63.9	0.001	78.2	70.1	0.009
No	44.8	36.1		21.8	27.9	
Discussed FP with:	(n=298)	(n=690)		(n=405)	(n=750)	
Husband	96.0	75.8	<0.001	95.3	82.1	<0.001
Family member	6.0	23.9	<0.001	9.9	22.7	<0.001
Friends or neighbors	22.5	8.7	<0.001	33.8	16.0	<0.001



Discussion

By examining changes over time in Hetosa and the differences between intervention and comparison sites, this evaluation sheds light on whether the Community-based Family Planning Project in Arsi Zone achieved its objectives: to increase knowledge of family planning, change attitudes towards fertility and family planning, and increase the use of more effective long-acting and permanent contraceptive methods, particularly implants. The third round of surveys in 2012 also sheds light on the sustainability of the project's programming and impact.



A. Achievements

Since the launch of the Community-based Family Planning Project, contraceptive prevalence has increased markedly in Hetosa. The use of modern methods rose from 35% in 2009 to 53% of women in 2011; after the end of the project, it continued to rise to 59% in 2012. After the intervention had time to take effect, increased contraceptive use led to a reduction in unwanted pregnancies, which can benefit maternal and child health, and also in family size. In Hetosa, the proportion of recent pregnancies that were unwanted fell from 21% in 2011 to 5% in 2012, while the proportion that were wanted at the time rose from 48% to 79%. In contrast, unwanted pregnancies in the comparison areas stood at 42% in 2011 and 24% in 2012.

Contraceptive use in Ethiopia is associated with distance to the nearest health

facility (Kassa et al., 2012), demonstrating the importance of making family planning services more readily accessible. This was one of the major accomplishments of the project in Hetosa, which trained HEWs to insert implants and sent out mobile vans to villages, and it undoubtedly contributed to the rise in contraceptive prevalence.

However, changes in attitude were also important. In the cultural and religious context of Ethiopia, families view children as a gift from God, which presents an obstacle to family planning. However, data suggest that a shift in attitudes toward fertility is underway, likely due to the project's community-based IEC efforts. Women in Hetosa now believe that, ideally, the first birth should be deferred until age 20 instead of age 18. They also have become open to the idea of adopting family planning earlier in their reproductive lives, rather than waiting until their family is complete. By 2011, 41% of women in Hetosa thought the ideal time to start using contraception was after having just one child, up from 27% in 2009; as attitudes continued to change, this rose even further to 57% in 2012.



■ B. Shift to long-acting methods

A series of DHS surveys in Ethiopia in 2000, 2005, and 2011 documented a sharp increase in the use of modern contraceptive methods nationwide from 6% to 27% of women. However, the change was due almost entirely to just one short-acting method: use of the injectable rose from 3% in 2000 to 21% in 2011 (Central Statistical Agency and ORC Macro, 2006; Central Statistical Agency and ICF International, 2012). Over the same time period, use of long-acting and permanent methods changed little, even though long-acting methods are more convenient and cost-effective for women because they do not require daily

action or periodic purchases.

The Community-based Family Planning Project in Arsi Zone focused specifically on increasing the use of more effective, long-acting family planning methods, especially implants. To that end, IEC activities promoted implants, and mobile vans and newly trained HEWs made implants readily accessible in the villages. The surveys show that the intervention not only succeeded in increasing overall contraceptive prevalence in Hetosa, but also dramatically changed the method mix. In 2009, short-acting methods accounted for nearly all modern contraceptive use in Hetosa, and just 2% of married women relied on implants for family planning. By 2011, 26% of women were using implants, and the change powered the rise in the overall modern contraceptive prevalence rate. Use of all short-acting modern methods declined, even injectables, which are the most popular contraceptive method in Oromia Region and the rest of Ethiopia (Central Statistical Agency and ICF International, 2012). When the project ended in 2011, implants accounted for fully half of all modern method use in Hetosa, and implant use continued to grow in 2012.

In contrast to the situation in Hetosa, short-acting methods continued to dominate the method mix at comparison sites. Only one out of seven modern method users in comparison sites relied on a long-acting or permanent method in 2011, and only one out of nine did so in 2012. Use of all long-acting and permanent methods, and of implants specifically, was four times higher in the intervention than the comparison sites in 2012. This shows that the intervention was directly responsible for the rising popularity of implants in Hetosa.

Data show that the project increased women's knowledge of long-term methods and abated negative attitudes toward them, both of which a recent study in Ethiopia suggests are critical to expanding use of long-acting and permanent methods (Alemayehu et al., 2012). Overall knowledge of family planning was

already high in Ethiopia prior to the project: the 2005 EDHS found that 86% of women knew of at least one contraceptive method. However, knowledge of long-acting and permanent methods lagged far behind: only 22% of women knew of implants, 18% knew of female sterilization, and 14% knew of the IUD (Central Statistical Agency and ORC Macro, 2006). The project succeeded in making implants universally known in Hetosa, while less than one-third of women in comparison sites had heard of the method. Notably, over the course of the project, lack of knowledge virtually disappeared as a reason for not using a modern contraceptive method in Hetosa.

At the same time, shifting method preferences among women who were not currently using a modern contraceptive method in Hetosa, but not in comparison sites, suggest that the project contributed to a change in attitudes toward implants. In 2011, 24% of women in Hetosa, but only 4% of those in comparison sites, said they would prefer to use implants- as opposed to some other method- in the future.



■ C. Capacity building

The Community-based Family Planning Project worked to build the capacity of health workers of all kinds to offer family planning information and services. Hundreds of nurses attended training courses that strengthened their knowledge and skills on long-term contraception. The project especially sought to empower HEWs and used a combination of workshops and on-the-job training to teach them how to insert implants. HEWs hold a special place in Ethiopian communities: women trust them, rely on them for services and information, and prefer them to traditional birth attendants (Negusse et al., 2007).

The findings show that HEWs were a critical factor in the success of the

project. They became an increasingly important and highly valued source for family planning information and services. In Hetosa, HEWs displaced radio and healthcare providers as the dominant source of information on family planning methods and also outperformed the project's communication campaign. In 2011, almost nine in ten women in Hetosa reported hearing about family planning from HEWs, compared with three in ten before the project began. The role of HEWs is being promoted by the MOH nationwide (Banteyerga, 2011), so it is not surprising that they also became a leading source of family planning information at comparison sites. However, the project succeeded in promoting HEWs as a source of family planning services as well as information. In Hetosa, women increasingly expressed a preference for HEWs when seeking family planning services; only two in ten women expressed a preference for HEWs before the project, but seven in ten women did so afterwards. At the same time, women's desire to see a doctor or nurse for family planning services plummeted in Hetosa. At comparison sites, most women still preferred to get family planning services from a nurse or doctor even though HEWs did gain in popularity from 2011 to 2012.

The project also built the capacity of community members, including women, men, and adolescents, to serve as local health leaders and help mobilize the community. Thousands attended special health education courses and helped implement the project's communication campaign. In addition, the project networked with community leaders and religious leaders in each Kebele in order to reach more people with its messages. Community-based activities proved especially helpful in raising awareness of family planning in Hetosa and changing attitudes. The discussion-focused campaign had greater impact because it was designed and implemented at the local level. This grassroots approach has been embraced by the MOH as part of its Health Extension Program. HEWs are encouraged to train Voluntary Community Health Workers (VCHWs) to help educate households on health, nutrition, and HIV-related issues through community conversations (Banteyerga, 2011).



D. Sustainability of impact

Data collected in 2012, nine months after the main project activities came to an end, clearly show that the positive changes in knowledge, attitudes, and practices associated with the project persisted. In some cases, positive trends established during the project actually accelerated after it drew to a close. For example, women's knowledge of the government and private health facilities that offer family planning services in Hetosa jumped more dramatically after 2011 than before.

Modern contraceptive prevalence increased another six percentage points in Hetosa from 2011 to 2012, and information about women's intentions suggest that this trend will continue. The proportion of women who are not currently using modern contraceptives but intend to do so in the near future increased from 26% to 47% in Hetosa over the course of the project, and then continued to rise to 57% in 2012. Women in Hetosa were significantly more likely to have made up their minds about future use of modern contraceptives than women in comparison sites. These results show that the project is continuing to exert an influence on women and will shape family planning practices in the years to come.



E. Limitations and constraints

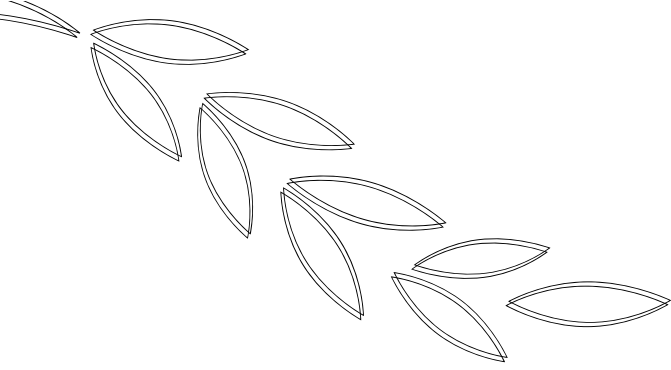
The impact of the Community-based Family Planning Project in Arsi Zone was limited by the lack of investment in direct service delivery. The project's health training center and marketplace tents served relatively few family planning clients; together these outlets served only 2% of women using a modern method in Hetosa in 2011 and 5% in 2012. Most women in Hetosa continued to get their contraceptive methods from government health posts throughout the project

period, but only a subset of these health posts directly participated in the project's campaign.

There were many discussions whether the project needs to extend beyond 2011 or not, with health officials in Oromia Region, but the decision had not made. Therefore, the main project ended in December 2011 according to its initial plan and KOICA decided to support the project through a partnership with NGOs, so project activities were conducted at a much reduced level of effort. One of alternatives for sustaining the project which has been discussing through project stockholders is that encouraging the medical faculty at the university to continue the project, but has not reached an specific agreement as yet.

The end of the project has prevented KOICA from playing a role in providing needed follow up to the many women in Hetosa who opted for implants. When promoting long-acting contraceptive methods such as implants and IUDs, it is essential to make arrangements for follow up so that women can have the device removed when it is no longer effective or earlier if they so desire. Removal options in Hetosa have been constrained by the MOH's decision to permit HEWs to insert implants, but not to remove them. Only higher level cadres, such as nurses and doctors, can remove implants under current policy.

Since the launch of Ethiopia's Health Extension Program (HEP) in 2003, the MOH had encouraged the training and deployment of HEWs and developed policies and regulations to reinforce their skills (Banteyerga, 2011). However, weakness in the program led to problems with the uneven quality of services offered by HEWs. Problems include insufficient and non-standardized training and poor placement of HEWs after they complete their training. Not surprisingly, HEWs' knowledge and skills vary with the education they receive.



Implications



VI

Implications



A. Replicating the model

The primary objective of this evaluation was to examine the impact of the Community-based Family Planning Project in Arsi Zone on family planning practices. Previous studies have found that family planning knowledge, attitudes, and practices in Ethiopia vary among geographic areas and also between urban and rural areas (Central Statistical Agency and ORC Macro, 2006; Central Statistical Agency and ICF International, 2012). Generally, however, conditions in urban areas are more favorable to family planning, both because the distances between providers and clients are shorter and because exposure to mass media, including television and radio, is greater.

Yet this project was conducted- and succeeded- in a largely rural setting where conditions are more challenging. Research on the factors associated with contraceptive use in Ethiopia has concluded that community-based programs promoting long-acting and permanent methods (LAPMs) offer a promising strategy for family planning programs in that country (Ko et al., 2010). In Hetosa, relying on community mobilization to raise awareness and change attitudes towards LAPMs proved to be an effective approach, as did engaging HEWs to increase the accessibility and availability of contraceptive services. Past experience shows that the best way to influence women is through familiar, trusted people in the community. The project capitalized on this approach by recruiting local leaders and community members in each kebele to conduct the communication campaign and by training HEWs—who have already established themselves as trusted service providers (Negusse et

al., 2007)—to insert implants. All of these individuals possessed the credibility and influence to disseminate information about family planning and dissipate widespread fears about implants and other long-acting methods (Alemayehu et al., 2012).

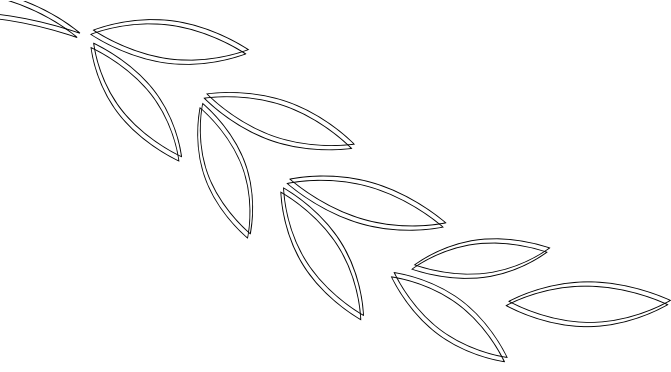
The findings show that community members gained in knowledge, began gradually shifting their attitudes toward family planning, and, most dramatically, embraced long-acting contraceptives. These positive results are evidence for replicating the project in other areas, using the experience in Hetosa as a model. Key elements of the project should be scaled up across Ethiopia, including designing and implementing the communication campaign at the community level and building the capacities of HEWs.



■ B. Sustainability

This project confirms past studies, which have concluded that family planning programs must be sensitive to the surrounding culture and tailored to fit local conditions in order to make a substantial impact on attitudes and practices. It is critical that such programs are closely linked with the local community, as was the case with of the Community-based Family Planning Project in Arsi Zone.

To ensure that projects are sustainable, outside donors need to take a comprehensive approach when working with a host country's MOH. It is essential to design projects that are in harmony with the existing health system and therefore can be integrated into ongoing programs. Achieving this requires donors to investigate the health system in the host country so that they can thoroughly understand how it is administered and what strategies, policies, and priorities are in place. Another way to increase sustainability is to work with a local research organization or university that will remain present on the ground after the donor leaves.

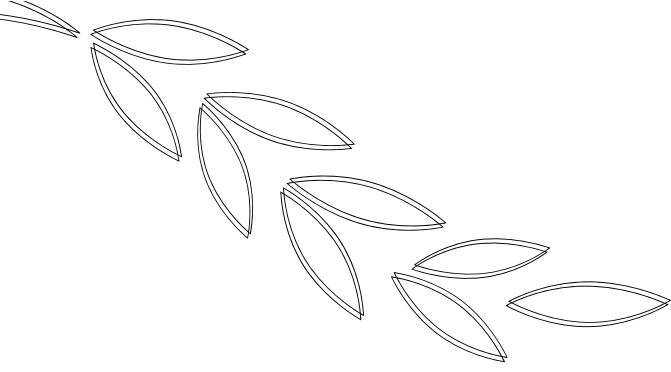


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Appendix



Appendix



■ Annex A. 2009 Consent Form and Questionnaire

COMMUNITY-BASED FAMILY PLANNING CAPACITY BUILDING
IN ARSI ZONE OF OROMIA REGIONAL STATE IN ETHIOPIA
Family Planning Method (FPM) and Mother and Child Health (MCH)
Survey 2009

QUESTIONNAIRE PREPARED FOR INTERVIEWING EVER MARRIED WOMEN (AGED 15-49) AND
NEVER MARRIED WOMEN (AGED 20-49)

KOICA AND YONSEI UNIVERSITY INITIATIVE

ON STRENGTHENING THE DEVELOPMENT COOPERATION BETWEEN
KOREA AND ETHIOPIA

Informed Consent Form for Participation

Good morning/afternoon! My name is _____. I am a member of the research team on Community Based Family Planning Capacity Building in Arsi Zone (Oromiya Regional State of Ethiopia) carried out by Yonsei University in collaboration with KOICA. It is believed that family planning services increase clients' satisfaction which in turn contributes to higher contraceptive prevalence rate. The purpose of this study is to assess the family planning methods and mother and child health in Hetosa community.

The study is expected to generate important comments and recommendations that will help to provide quality family planning service in the area. After conducting a situation analysis and needs assessment in the current study, we would like to provide quality family planning services within the community. To this end, the information you provide us will be very important. Thus, we would like to ask you a few questions about your knowledge, attitude and use/practice of family planning services as well as other related questions for collecting relevant data/information towards the achievement of the objectives of the study.

We would be very grateful if you could spend some time to answer our questions in this interview. We will not put your name or registration number in the format and all the information you give us will be kept strictly confidential.

Your participation is voluntary and you are not obliged to answer any questions you don't want to answer. But your honest participation will contribute to generate information that can be used to provide quality family planning service in your area.

Do I have your consent to continue?

If respondent's answer is 'Yes' Continue;
if 'No', stop the interview and go to the next respondent.

Interviewers:

Name _____ Code number: _____ Signature _____

Checked by supervisor/investigator,

Name: _____ Signature _____

Informed Consent Form for Participation (for 15-17 years old adolescents)

Good morning/afternoon! My name is _____. I am a member of the research team on Community Based Family Planning Capacity Building in Arsi Zone (Oromiya Regional State of Ethiopia) carried out by Yonsei University in collaboration with KOICA. It is believed that family planning services increase clients' satisfaction which in turn contributes to higher contraceptive prevalence rate. The purpose of this study is to assess the knowledge, attitude and practice of family planning methods in Hetosa community.

The study is expected to generate important comments and recommendations that will help to provide quality family planning service in the area. After conducting a situation analysis and needs assessment in the current study, we would like to provide quality family planning services within the community. To this end, the information provided by participants will be very important. Thus, we would like to ask your daughters/sons a few questions about their knowledge, attitude and use/practice of family planning services as well as other related questions for collecting relevant data/information towards the achievement of the objectives of the study.

We would be very grateful if you could allow your daughters/sons aged 10-16 to participate in the current interview and to spend some time to answer our questions based on her/his willingness. We will not put your name or your participating children's names in the questionnaires and all the information they give us will be kept strictly confidential. Consequently, we kindly request you to read the statement below and to put your signature which may enable us to conduct the interview.

I, the undersigned, am the parent or legal guardian of the person being invited to participate in the study. I have read the informed consent or have

had the informed consent read to me, was given an opportunity of clarification of any questions I have regarding the study, and I give permission for my child or legal word to participate in the study.

Do I have your consent to continue?

If respondent's answer is 'Yes' Continue;

if 'No', stop the interview and go to the next respondent.

Parent's/Guardian's

Name, _____Signature_____

Date_____

IDENTIFICATION					
TYPE OF SURVEY 1= PRETEST 2= BASELINE 3= ENDLINE	WOREDA 1= HITOSA	PLACE OF RESIDENCE 1=URBAN 2= RURAL	KEBELLE	EA CODE	HOUSEHOLD ID
INTERVIEW DATE (E.C.) TIME INTERVIEW STARTED					

INTERVIEWER VISITS	1	2	FINAL RESULT
DATE	DAY..... MONTH.....
RESULT CODE	RESULT.....
NEXT VISIT: DATE	TOTAL NUMBER OF VISITS
TIME	

RESULT CODES		
1=COMPLETED	4=AWAY FOR EXTENDED PERIOD	7=INCAPACITATED
2= PARTLY COMPLETED	5=POSTPONED	8=OTHER (SPECIFY).....
3= NOT AT HOME/WORKPLACE	6=RESPONDENT REFUSED	

Interview Language	
01= Oromifa	03=Tigrifa
02= Amarifa	04= Other (please specify)

SECTION 100. RESPONDENT'S BACKGROUND

NO	QUESTIONS	CATEGORIES	Remark
101	How old are you? (How old were you at your last birthday?)	<input type="text"/> <input type="text"/> years (age in completed years)	
102	What is your current marital status?	1 = Single 3 = Separated 5= Widowed 2 = Married 4 = Divorced 6 = Cohabited	
103	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	1=Easily 2=With difficulty 3=Not at all	
104	Have you ever had any formal education?	1=Yes 2=No → GO TO Q106	
105	What is the highest grade completed?	0=Not at all 1=Grade (Specify)..... 2=Diploma 3=Degree and above 4=Other specify.....	
106	What is your religion?	1=Orthodox 5=No religion 2= Catholic 6=Wakefata 3=Protestant 7= OTHER	
107	Did you move to this place from another wereda?	1=Yes 2= No → GO TO Q 109	

SECTION 200: RESPONDENT'S GENERAL HEALTH STATUS/CONDITION

NO	QUESTIONS	CATEGORIES	Remark																										
201	How would you rate your health compared to others in your age?	1=Very good 2=Good 3=Bad 4=Very bad 5= Don't know																											
202	How much are you satisfied with your health status?	1=Very satisfied 2=Satisfied 3=Unsatisfied 4=Very Unsatisfied																											
203	Have you received any of the following services at a health facility at any time in the past 12 months? (Read all in list and check applicable responses) (Note: If the answers for all methods indicated are "NO" → GO TO Q205)	<table border="0"> <tr> <td>Service</td> <td style="text-align: right;">YES</td> </tr> <tr> <td>NO NA</td> <td></td> </tr> <tr> <td>1=Treatment for a sick child</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>2=Immunization</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>3= Family planning education or services</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>4=before and after delivery care</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>5=Anti-nata</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>6= Postpartum</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>7= Information on prevention of STD/HIV/AIDS</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>8= Information on breast feeding and infant feeding practices</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>9= PIC/VCT</td> <td style="text-align: right;">1 2 9</td> </tr> <tr> <td>10= Other</td> <td></td> </tr> <tr> <td>(Please specify) _____</td> <td style="text-align: right;">1 2 9</td> </tr> </table>	Service	YES	NO NA		1=Treatment for a sick child	1 2 9	2=Immunization	1 2 9	3= Family planning education or services	1 2 9	4=before and after delivery care	1 2 9	5=Anti-nata	1 2 9	6= Postpartum	1 2 9	7= Information on prevention of STD/HIV/AIDS	1 2 9	8= Information on breast feeding and infant feeding practices	1 2 9	9= PIC/VCT	1 2 9	10= Other		(Please specify) _____	1 2 9	
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8= Information on breast feeding and infant feeding practices	1 2 9																												
9= PIC/VCT	1 2 9																												
10= Other																													
(Please specify) _____	1 2 9																												

204	<p>From which facilities have you received these services?</p> <p>PROBE: Anywhere else?</p> <p>Record below type and/or location of all facilities visited by household members in past 12 months, then circle code for each type of facility mentioned.</p> <p>(Check all that apply)</p>	<p>1=Government Hospital 2=Government Health Center 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Other (Please specify)</p>	
205	<p>Are you currently pregnant?</p>	<p>1= Yes 2= No 3= Don't know</p> <p style="text-align: right;">} GO TO Q 207 →</p>	
206	<p>How many months pregnant are you?</p>	<p>_____ Months</p>	
207	<p>Now I would like to know about your last pregnancy including current pregnancy. Please recall your feeling at the time you became pregnant.</p> <p>At the time you become pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not</u> want to have any (more) children at all?</p>	<p>1=Then 2=Later 3=Not at all</p>	
208	<p>Did your last pregnancy was miscarried, aborted or ended in still birth?</p> <p>(Other than this pregnancy If she is pregnant now)</p>	<p>1=Miscarried 2=Aborted 3=Still Birth 4=N/A</p>	

SECTION 300: KNOWLEDGE of FAMILY PLANNING METHODS

301	Now I would like to talk to you about family planning – the various methods a couple can use to delay or avoid a pregnancy. Which ways of methods <u>have you heard about?</u>		
	Family Planning Method	1= Yes	2= No
	PILL – Women can take a pill every day.	1	2
	MALE CONDOM – Men can use a rubber sheath while playing sex.	1	2
	FEMALE CONDOM – A woman can place a rubber sheath in her vagina before intercourse	1	2
	NATURAL F. P. A lady takes her temperature everyday or checks mucus to tell the days she is likely to get pregnant.	1	2
	SAFE DAYS/ RHYTHM METHOD – A lady can count the number of days since her last period to tell when she is most likely to get pregnant.	1	2
	WITHDRAWAL – Men can be careful and pull out before climax.	1	2
	LACTATIONAL AMENORRHEA METHOD (LAM)	1	2
	EMERGENCY CONTRACEPTION/ MORNING AFTER PILL. A lady takes pills or has an IUCD put in within 72 hours of unprotected sex.	1	2
	IUCD – Women can have a loop or coil placed inside them by a doctor or nurse.	1	2
	INJECTABLE/DEPO Women can have an injection which stops them from becoming pregnant for several months.	1	2
	VASECTOMY/TUBAL LIGATION (Male/Female Sterilization) – A man or a woman can have an operation to avoid having any more babies	1	2
	JADELLE/IMPLANON (NORPLANTS) - Women can have small rods put under the skin in their arm.	1	2
	Others(e.g. Folk Method) _____ If all option are answered no → GO TO Q 401		
302	Where did you Heard information regarding the family planning method/s (source of information)? (Check all that apply)	1 = Radio 2 = Newspaper 3 = Billboard 4 = TV 5 = Pamphlet/brochure 6 = KOREA/KOICA/KEYFP CAMPAIGN 8 = Healthcare provider 9 = Health extension worker 10 = community based agent 11 = Other (specify) 12 = Never heard → GO TO Q 304	

303	<p>From the above which one is the most preferred source of information for you about family planning Method?</p> <p>(Check all that apply)</p>	<p>1 = Radio 2 = Newspaper 3 = Billboard 4 = TV 5 = Pamphlet/brochure 6 = KOREA/KOICA/KEYFP CAMPAIGN 8 = Healthcare provider 9 = Health extension worker 10 = community based agent 11 = Other (specify)</p>
304	<p>Do you know any place where Family planning method can be found?</p>	<p>1= Yes 2= No → GO TO Q 401</p>
305	<p>Which of the following places where family planning services/methods are provided do you know?</p> <p>Check all that apply</p>	<p>1=Government Hospital 2=Government Health Center Hospital 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Pharmacy 8=School 9= Other (Please specify) _____ 10 = KOREA/KOICA/KEYFP TENT(market base) 11 = HEALTH POST with KEYFP CAMPAIGN 12 = KEYFP TRAINING CENTER</p>

SECTION 400: ATTITUDE ON FERTILITY ISSUE

Now I would like to ask you some questions about your views on family planning. I am going to read some statements.

NO	QUESTIONS	CATEGORIES	Remark
401	In your opinion what is the ideal age for a woman to have her first child?	<input type="text"/> <input type="text"/> Years	
402	In your opinion, what is the ideal number of children a family to have?	<input type="text"/> Sons: <input type="text"/> Daughter: <input type="text"/> Total: <input type="text"/> <input type="text"/>	
403	In your opinion after how many births should a couple begin using a family planning method?	1=before any birth 2=one birth 3=two births 4=three births 5=four or more births 6=after a son 7=after two sons 8=after a daughter 9=other	
404	What should be the ideal age gap between two children be?	1=1 year 2=1 ½ years 3=2 years 4=2 ½ years 5=3 years or more 6=up to God's will	
405	Would you like to have (a/another) child, or would you prefer not to have any (more) children?	1=Have (a/another) child 2=No more/none 3=Says she can't get pregnant 4=Undecided/don't know	
405 -A	Do you intend to use a family planning method to control more than 2years birth interval?	1= Yes 2= No	
406	How old were you on your first marriage? (Note: Check Q 102 for marital status)	<input type="text"/> <input type="text"/> Years	
407	How many children did you give birth to?	Sons: _____ Daughters: _____ Total: <input type="text"/> <input type="text"/>	
408	How old were you when you had your first child?	<input type="text"/> <input type="text"/> Years	
409	How many children do you currently have?	Sons: _____ Daughters: _____ Total: <input type="text"/> <input type="text"/>	
410	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	Sons: _____ Daughters: _____ Total: <input type="text"/> <input type="text"/>	
411	Does your spouse/partner want the same number, more number or less number of children as you prefer to have? Check Q 102 for marital Status	1= Same 2= More 3= Less 4= Do not know	

I will read the statements below in connection with some family planning and I want you to tell me your opinion by saying "Strongly Disagree", "Disagree", "Agree", or "Strongly Agree".

NO	QUESTIONS	CATEGORIES			
		Agree	Strongly Agree	Disagree	Strongly Disagree
	Now I would like to ask you some questions about your views on family planning. I am going to read some statements that people have made. Please tell me if you agree or disagree with each one.				
412	It is necessary to keep having children until a <u>boy</u> is born.	1	2	3	4
413	It is necessary to keep having children until a <u>girl</u> is born.	1	2	3	4
414	Sterilization makes you weak.	1	2	3	4
415	Contraceptives have dangerous side effects.	1	2	3	4
416	Getting a family planning method from any available source is embarrassing.	1	2	3	4
417	If I have any concerns about family planning, I trust the health worker at health facilities to help me.	1	2	3	4
418	Each child is born because of luck.	1	2	3	4
419	Use of family planning strengthens the marriage.	1	2	3	4
420	Family planning helps the parents to care for their children better.	1	2	3	4
421	Family planning causes promiscuity.	1	2	3	4
422	Couples should use a family planning method to avoid pregnancy or for birth spacing.	1	2	3	4
423	Who do you like/prefer to provide you with a family planning method? (Please specify)	1=Doctor 2=Nurse 3=HEW 4=CBD/CBRH 5=Others _____			

SECTION 500: FAMILY PLANNING PRACTICE

NO	QUESTIONS	CATEGORIES			Remark
501	<p>Have you or you spouse ever used any of the following family planning methods?</p> <p>If the answer for all methods are no → GO TO Q 507</p>	<p><u>Family Planning Method</u></p>	1= Yes	2= No	
		1. PILL	1	2	
		2. MALE CONDOM	1	2	
		3. FEMALE CONDOM	1	2	
		4. NATURAL F.P.	1	2	
		5. SAFE DAYS/ RHYTHM METHOD	1	2	
		6. WITHDRAWAL	1	2	
		7. LACTATIONAL AMENORRHEA METHOD (LAM)	1	2	
		8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.	1	2	
		9. IUCD	1	2	
		10. INJECTABLE/DEPO	1	2	
		11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)	1	2	
		12. JADELLE/IMPLANON (NORPLANTS)	1	2	
		13. Others(e.g. Folk Method) _____			
502	<p>Are you or your spouse/partner CURRENTLY using any family planning method?</p>	<p>1= Yes 2= No → GO TO Q 507</p>			
503	<p>Which type of family planning method are you or your spouse/partner currently using?</p> <p>(Check all that apply)</p>	<p><u>Family Planning Method</u></p>	1= Yes	2= No	
		1. PILL	1	2	
		2. MALE CONDOM	1	2	
		3. FEMALE CONDOM	1	2	
		4. NATURAL F.P.	1	2	
		5. SAFE DAYS/ RHYTHM METHOD	1	2	
		6. WITHDRAWAL	1	2	

		<u>7. LACTATIONAL AMENORRHEA METHOD (LAM)</u>	1	2	
		<u>8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.</u>	1	2	
		<u>9. IUCD</u>	1	2	
		<u>10. INJECTABLE/DEPO</u>	1	2	
		<u>11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)</u>	1	2	
		<u>12. JADELLE/IMPLANON (NORPLANTS)</u>	1	2	
		<u>13. Others(e.g. Folk Method)</u>			
504	How long does it take you to go to the nearest place where you obtain a family planning method?	Minutes HEW visit at home 7 Do not know.....9			
505	Where did you obtain the family planning method you are currently using?(lately used method)	1=Government Hospital 2=Government Health Center Hospital 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Pharmacy 8=School 9= Other (Please specify) _____ 10 = KOREA/KOICA/KEYFP TENT(market base) 11 = HEALTH POST with KEYFP CAMPAIGN 12 = KEYFP TRAINING CENTER			
506	Are you satisfied with family planning service received from the place above?	1= very satisfied } GO TO Q508 2= satisfied 3=not satisfied } GO TO Q507 4=not very satisfied			

507	<p>What is the main reason for not using a family planning method?</p> <p>(Only one response possible)</p>	<p>Fertility-related reasons</p> <p>1=Not having/infrequent sex 2=Menopausal/hysterectomy 3=Sub fecund / in fecund 4=Postpartum amenorrhea 5=Breastfeeding 6= Fatalistic</p> <p>Opposition to use</p> <p>7=Respondent opposed 8=Husband/partner opposed 9=Others opposed 10=Religious prohibition</p> <p>Lack of knowledge related reasons</p> <p>11=Knows no method 12= Knows no source</p> <p>Method-related reasons</p> <p>13=Health concerns 14=Lack of access/too far 15= Cost too much 16=Inconvenient to use 17= Interferes with body's natural processes 19=Don't know</p> <p>Other (Please specify) _____</p>	
508	<p>Do you intend to use a family planning method in the future?</p>	<p>1= Yes, within 30 days of Preparations 2= Yes , maybe in a future, within 6months 3= I have to think about it 4= I am already using it 5= No, I don't intend to use it (not at all) → GO TO Section 600</p>	

509	<p>Which of the following family planning methods would you like/prefer to use in the future?</p>	<p>Family Planning Method</p> <p>1. PILL</p> <p>2. MALE CONDOM</p> <p>3. FEMALE CONDOM</p> <p>4. NATURAL F.P.</p> <p>5. SAFE DAYS/ RHYTHM METHOD</p> <p>6. WITHDRAWAL</p> <p>7. LACTATIONAL AMENORRHEA METHOD (LAM)</p> <p>8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.</p> <p>9. IUCD</p> <p>10. INJECTABLE/DEPO</p> <p>11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)</p> <p>12. JADELLE/IMPLANON (NORPLANTS)</p> <p>13. Others(e.g. Folk Method)</p> <p>_____</p> <p>_____</p>	<p>1= Yes</p> <p>2= No</p>		
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SECTION 600. PREGNANCY, DELIVERY, AND POSTNATAL CARE

Now I would like to record the names of your all below 5-year babies' births, whether still alive or not, starting with the first one you had.

Please recall your feelings and situations at the time you became pregnant with each child born within the last five years

NO	QUESTIONS	CATEGORIES	Remark
601	Do you have any baby who is less than 5 years old?	1= Yes → GO TO Q 602 2= No → GO TO Q 615	

RECORD NAMES BELOW OF 5-YEAR BABIES' BIRTHS IN Q 601

RECORD TWINS AND TRIPLETS ON SEPARATE LINES

SN	Question	1	2	3	4	5
602	Name					
603	SEX	1=Male 2=Female	1=Male 2=Female	1=Male 2=Female	1=Male 2=Female	1=Male 2=Female
604	Is (Birth order) still alive?	1=YES 2=NO	1=YES 2=NO	1=YES 2=NO	1=YES 2=NO	1=YES 2=NO
605	How old is _____? RECORD AGE DAYS MONTHS YEARS	_____ Days _____ months _____ Years	_____ Days _____ months _____ Years	_____ Days _____ months _____ Years	_____ Days _____ months _____ Years	_____ Days _____ months _____ Years
606	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	1=Then 2= Later 3= Not at all	1=Then 2= Later 3= Not at all	1=Then 2= Later 3= Not at all	1=Then 2= Later 3= Not at all	1=Then 2= Later 3= Not at all

607	Did <u>you</u> experience fever within one week of your (NAME)'s delivery?	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK
608	Did <u>your child</u> experience fever within one week of your (NAME)'s delivery?	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK	1=YES 2=NO 3=DK
609	Where did you deliver the baby?	1=Health Institution 2=Home 3= Other	1=Health Institution 2=Home 3= Other	1=Health Institution 2=Home 3= Other	1=Health Institution 2=Home 3= Other	1=Health Institution 2=Home 3= Other
610	Who assisted you in/during child delivery/labor you?	1=Doctor 2=Nurse 3=Midwife 4=TTBA 5=TBA 6=HEW 7=Others	1=Doctor 2=Nurse 3=Midwife 4=TTBA 5=TBA 6=HEW 7=Others	1=Doctor 2=Nurse 3=Midwife 4=TTBA 5=TBA 6=HEW 7=Others	1=Doctor 2=Nurse 3=Midwife 4=TTBA 5=TBA 6=HEW 7=Others	1=Doctor 2=Nurse 3=Midwife 4=TTBA 5=TBA 6=HEW 7=Others
NO.	QUESTIONS	CATEGORIES				Remark
615	Did your last child (NAME) immunized against measles? * Do not record if he/she is under 9 month old.	1=Yes 2=No				
616	Where did you see anyone for antenatal care for the last (or this) pregnancy?	1=Hospital 2=Health center 3=Health post 4=Clinic 5= Other (Please specify) _____				
617	How many times did you receive antenatal care during the pregnancy?	No. of times 9=Don't know				
618	After your last child (NAME) was born, did a health professional or a traditional birth attendant check your baby?	1=Yes 2=No				

619	After your last child (NAME) was born, did a health professional or a traditional birth attendant check your Health?	1= Yes 2= No → GO TO Q 621	
620	Who checked on your health at that time?	1=Health Professional 2= Traditional Birth Attendant 3=HEW/TBA 4=Other (Specify)	
621	Did you receive postnatal care after delivery of your last child?	1=Yes 2=No → GO TO Q 701	
622	How many days or weeks after the delivery did the first check take place?	1=Days after delivery 2= Weeks after delivery 3= I was not checked 4=Don't know	
623	Have you ever heard about Safe Delivery Kit?	1=Yes 2=No 3=I don't know	
624	Was a Safe Delivery Kit used during your the latest delivery?	1=Yes 2=No 3=I don't know	
625	When did you get the Safe Delivery Kit?	1= pregnancy in 0-3 months 2= pregnancy in 4-6 months 3= pregnancy in 7-9 months 4= I don't know	
626	Where did you get the Safe Delivery Kit?	1=pharmacy 2=Health Center/Health Post 3=Women's Association 4=TBA/TTBA 5=HEW 6=Others _____	

627	Do you want to use a Safe Delivery Kit in your next delivery?	1=Yes 2=No	
628	If you wanted to buy a Safe Delivery Kit in the future, where (from whom) would you like to buy it?	1=Pharmacy 2=Health Center/Health Post 3=Women's Association 4=TBA/TBA 5=HEW 6=Others _____	
629	How much would you pay for the Safe Delivery Kit?	1=100 birr. 2=50 birr. 3=30 birr. 4=20 birr. 5=10 birr.	

SECTION 700: KNOWLEDGE OF HIV/AIDS

NO.	QUESTIONS	CATEGORIES	Remark
701	Can people reduce their chances of catching HIV by using a condom correctly every time they have sex?	1=Yes 2=No 3=Do not know	
702	HIV can be transmitted from a pregnant mother (who has HIV/AIDS) to her unborn child during: 1) Pregnancy? 2) Delivery? 3) By Breastfeeding?	YES NO Do not know 1 2 3 1 2 3 1 2 3	
703	Someone who abstains from sexual intercourse has less chance of being infected with HIV	1=Yes 2=No 3=Do not know	
704	Being in a FAITHFUL relationship with ONLY ONE individual (who does not have HIV/AIDS) reduces one's chance of being infected with HIV	1=Yes 2=No 3=Do not know	
705	Are there any special medications that a pregnant women who is an AIDS patient to reduce the risk of transmission to her baby?	1=Yes 2=No 3=I don't know	
706	I don't want to know the test result; but did you have an HIV test in the LAST THREE MONTHS? (NOT including KEY FP campaign in last summer)	1=Yes 2= No 3= No response	
707	Which month (in the LAST THREE MONTHS) did you get tested for HIV? INTERVIEWER: PROBE THE RESPONDENT USING RELIGIOUS OR PUBLIC HOLIDAYS, MAJOR MARKET DAYS, ETC. AS A REFERENCE.	1= Month _____ 99= Not sure	
708	INTERVIEWER: Ask FEMALE respondents ONLY If you ever get pregnant, will you get tested for HIV right after you know your pregnancy? INTERVIEWER: Ask MALE respondents ONLY If you (ever) have a wife and if she gets pregnant, will you encourage her to get tested for HIV right after you know her pregnancy?	1=Yes 2=No 3=Not sure	

SECTION 800: SEXUAL BEHAVIOR

NO	QUESTIONS	CATEGORIES	Remark
801	Did you have sexual intercourse in THE LAST THREE MONTHS ?	1=Yes 2= No 3= No response	
802	How frequently do you have sexual intercourse?	1=1-2 times a week 2=3-4 times a week 3=5-7 times a week 4=once a month 5=less than once a month 6= No response	
803	Who is your regular sex partner?	1= Fiancé/Spouse 2=Live-in boy friend/girl friend 3=Boy friend/girl friend who did not live with the respondent 4=Individual with whom the respondent had a casual acquaintance 5= No relationship, I was raped 6= A close relative 7= A commercial sex worker 8=Other (Specify)_____	
804	Did your partner use condom the LAST time you had sexual intercourse?	1=Yes 2=No	

NO	QUESTIONS	CATEGORIES	Remark
805	What was the relationship like between you and the person you had sexual intercourse with for the LAST time?	1= Fiancé/Spouse 2=Live-in boy friend/girl friend 3=Boy friend/girl friend who did not live with the respondent 4=Individual with whom the respondent had a casual acquaintance 5= No relationship, I was raped 6= A close relative 7= A commercial sex worker 8=Other (Specify)_____	
806	How many DIFFERENT sexual partners did you have in THE LAST THREE MONTHS ?	1=Number of partners: _____ 99=Not sure	
807	I am willing to give you male condoms FOR FREE . Would you like to receive a male condom?	1= Yes 2= No _____ End of this section	
808	How many male condoms would you like to have?	Number of condoms received: _____	Max # is 10

SECTION 900: INTRAHOUSEHOLD DECISION-MAKING

NO.	QUESTIONS	CATEGORIES				Remark	
		HUSBAN D ALONE	WIFE ALONE	JOINT DECISION	OTHER		
901	<p>Normally in your family who makes the decisions regarding the following issues, is it you alone, your husband alone, or is it a joint decision?</p> <p>How much education the son(s) should receive?</p> <p>How much education the daughter(s) should receive?</p> <p>How the money you earn will be used?</p> <p>Number of children you want to have?</p> <p>No. of male and female of children you want to have?</p> <p>What household articles to purchase?</p>	1	2	3	4	5	NOT APPLIA BLE
902	Who decides your using a family planning method?	1=Mainly respondent 2=Mainly spouse/partner 3=Joint decision 4=Other (Please Specify) _____					
903	Have you ever been discussing family planning with any one?	1=YES 2=NO → End of this section					

NO.	QUESTIONS	CATEGORIES	Remark
904	<p>In the last 6 months, have you discussed the practice of family planning with anyone of the followings?</p> <p>(Check all that apply)</p>	1= Spouse/Partner 2=Mother 3=Father 4=Sister(s) 5=Brother(s) 6=Daughter/Son 7=Friends/neighbors 8=Other 9=Not at all (No one)	

SECTION 1000: Neighborhood Cohesion

NO	QUESTIONS	CATEGORIES				
		Strongly Agree	Agree	Neither Agree/ Nor Disagree	Disagree	Strongly Disagree
	Now I would like to ask you some questions about your neighbors cohesion. Please tell me if you agree or disagree with each one.					
1001	I feel like I belong to this neighborhood.	1	2	3	4	5
1002	I visit with my neighbors in their homes.	1	2	3	4	5
1003	The friendships and associations I have with other people in my neighborhood mean a lot to me	1	2	3	4	5
1004	I would like to move out of this neighborhood.	1	2	3	4	5
1005	If the people in my neighborhood were planning something I'd think of it as something "we" were doing rather than what "they" were doing.	1	2	3	4	5

1006	If I needed advice about something I could go to someone in my neighborhood.	1	2	3	4	5
1007	I think I agree with most people in my neighborhood about what is important in life.	1	2	3	4	5
1008	I believe my neighbors would help me in an emergency.	1	2	3	4	5
1009	I feel loyal to the people in my neighborhood.	1	2	3	4	5
1010	I borrow things and exchange favors with my neighbors	1	2	3	4	5
1011	I would be willing to work together with others on something to improve my neighborhood.	1	2	3	4	5
1012	I plan to remain a resident of this neighborhood for a number of years.	1	2	3	4	5
1013	I like to think of myself as similar to the people who live in this neighborhood.	1	2	3	4	5
1014	I rarely have neighbors over to my house to visit.	1	2	3	4	5
1015	A feeling of fellowship runs deep between me and other people who live in this neighborhood.	1	2	3	4	5
1016	I regularly stop and talk with people in my neighborhood.	1	2	3	4	5
1017	Living in this neighborhood gives me a sense of community.	1	2	3	4	5
1018	People in my neighborhood work together to keep children safe.	1	2	3	4	5

TIME INTERVIEW ENDED.....



Annex B. 2011-2012 Consent Form and Questionnaire

COMMUNITY-BASED FAMILY PLANNING CAPACITY BUILDING
IN ARSI ZONE OF OROMIA REGIONAL STATE IN ETHIOPIA
Family Planning Method (FPM) and Mother and Child Health (MCH)
Survey 2011

QUESTIONNAIRE PREPARED FOR INTERVIEWING WOMEN (AGED 15-49)

Informed Consent Form for Participation

Good morning/afternoon! My name is _____. I am a member of the research team on Community Based Family Planning Capacity Building in Arsi Zone (Oromiya Regional State of Ethiopia) carried out by KOICA. It is believed that family planning services can increase clients' satisfaction which in turn contributes to higher contraceptive prevalence rate. The purpose of this study is to assess the family planning methods and mother and child health in Hetosa community.

The study is expected to generate important comments and recommendations that will help to provide quality family planning service in the area. To this end, the information you provide us will be very important. Thus, we would like to ask you a few questions about your knowledge, attitude and use/practice of family planning services as well as other related questions for collecting relevant data/information towards the achievement of the objectives of the study.

We would be very grateful if you could spend some time to answer our questions in this interview. We will not put your name or registration number in the format and all the information you give us will be kept strictly confidential.

Your participation is voluntary and you are not obliged to answer any questions you don't want to answer. But your honest participation will contribute to generate information that can be used to provide quality family planning service in your area.

Do I have your consent to continue?

If respondent's answer is 'Yes' Continue;

if 'No', stop the interview and go to the next respondent.

Interviewers:

Name _____ Code number: _____ Signature _____

Checked by supervisor/investigator,

Name: _____ Signature _____

IDENTIFICATION						
TYPE OF SURVEY	WOREDA	PLACE OF RESIDENCE	KEBELLE	EA CODE	FP user/non-user	HOUSEHOLD ID (1-45)
1= PRETEST	1= HITOSA	1=URBAN				U1-U45
2= BASELINE	2=Digalu Tijo	2= RURAL			U=FP user	NU1-NU45
3= ENDLINE	3=Jeju				NU=FP non-user	
4=IMPACT TEST						
INTERVIEW DATE (E.C.) TIME INTERVIEW STARTED						

INTERVIEWER VISITS	1	2	FINAL RESULT
DATE	DAY..... MONTH.....
RESULT CODE	RESULT.....
NEXT VISIT: DATE	TOTAL NUMBER OF VISITS
TIME	

RESULT CODES		
1=COMPLETED	4=AWAY FOR EXTENDED PERIOD	7=INCAPACITATED
2= PARTLY COMPLETED	5=POSTPONED	8=OTHER (SPECIFY).....
3= NOT AT HOME/WORKPLACE	6=RESPONDENT REFUSED	

Interview of Language	
01= Oromifa	03=Tigrifa
02= Amarifa	04= Other (please specify)

SECTION 100. RESPONDENT'S BACKGROUND

NO	QUESTIONS	CATEGORIES	Remark
101	How old are you? (How old were you at your last birthday?)	<input type="text"/> <input type="text"/> years (age in completed years)	
102	What is your current marital status?	1 = Single 3 = Separated 5= Widowed 2 = Married 4 = Divorced 6 = Cohabited	
103	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	1=Easily 2=With difficulty 3=Not at all	
104	Have you ever had any formal education?	1=Yes 2=No → GO TO Q106	
105	What is the highest grade completed?	1=Grade (Specify)..... 2=Diploma 3=Degree and above 4=Other specify.....	
106	What is your religion?	1=Orthodox 5=No religion 2= Catholic 6=Wakefata 3=Protestant 7= OTHER	
107	Did you move to this place from another woreda?	1=Yes 2= No → GO TO Q 109	

108	Where did you come from?	1=From a big town 2=From a small town 3=From countryside 4=not moved from other place							
109	Are you engaged in any income generating activity/work in the last one month? (household level)	1=YES 2=NO → GO TO Q 113							
110	What was the main source of your income? (check all that apply)	1 = Farming 2=Domestic worker/cleaner 3 = Daily laborer 4 = Petty trader 5=Dressmaking/hairdresser 6 = Waitress/ barmaid 7 = Small scale food product 8=Making tela, areke, other alcoholic drink 9 = Salesperson 10 = Other (Please specify)							
111	Are you paid in cash or in kind for this work or Work on your own business?	1=Cash only 2=Cash and kind 3=In kind only 4=Not paid → GO TO Q 113							
112	What was the average amount you earn in the last 12 months in Ethiopian Birr from <u>all Sources</u> ?	1=1,000-5,000 bir 2=5,000-10,000 bir 3=10,000-15,000 bir 4=over 15,000 bir							
113	Which of the following items does your household have?	<table border="0"> <tr> <td></td> <td style="text-align: center;">1= Yes</td> <td style="text-align: center;">2= No</td> </tr> <tr> <td>1. Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		1= Yes	2= No	1. Electricity	1	2	
	1= Yes	2= No							
1. Electricity	1	2							

	(Read all in list and check applicable responses)	<table border="0"> <tr> <td>2. Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Telephone(landline)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. Mobile phone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. Electric Mitad</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. Kerosene Lamp</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>8. Bed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>9. Table, chair</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>10. Plough</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>11. Own crop land</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>12. Cash Crops</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>13. Others (Specify)</td> <td></td> <td></td> </tr> </table>	2. Radio	1	2	3. Television	1	2	4. Telephone(landline)	1	2	5. Mobile phone	1	2	6. Electric Mitad	1	2	7. Kerosene Lamp	1	2	8. Bed	1	2	9. Table, chair	1	2	10. Plough	1	2	11. Own crop land	1	2	12. Cash Crops	1	2	13. Others (Specify)			
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114	How many do your households currently have one of the following animals?	1=Sheep 2=Goat 3=Milk Cow 4=Oxen 5= Horse, Donkey, Mule																																					

SECTION 200: RESPONDENT'S GENERAL HEALTH STATUS/CONDITION

NO	QUESTIONS	CATEGORIES	Remark																																												
201	How would you rate your health compared to others in your age?	1=Very good 2=Good 3=Bad 4=Very bad 5= Don't know																																													
202	How much are you satisfied with your health status?	1=Very satisfied 2=Satisfied 3=Unsatisfied 4=Very Unsatisfied																																													
203	Have you received any of the following services at a health facility at any time in the past 12 months? (Read all in list and check applicable responses) (Note: If the answers for all methods indicated are "NO" → GO TO Q205	<table border="0"> <thead> <tr> <th>Service</th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>1=Treatment for a sick child</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>2=Immunization for mother and child</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>3= Family planning education or services</td> <td></td> <td>1</td> <td>2 9</td> </tr> <tr> <td>4=before and after delivery care</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>5=Anti-natal</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>6= Postpartum</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>7= Information on prevention of STD/HIV/AIDS</td> <td></td> <td>1</td> <td>2 9</td> </tr> <tr> <td>8= Information on breast feeding and infant feeding practices</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>9= PIC/VCT</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>10= Other (Please specify) _____</td> <td></td> <td>1</td> <td>2 9</td> </tr> </tbody> </table>	Service	YES	NO	NA	1=Treatment for a sick child	1	2	9	2=Immunization for mother and child	1	2	9	3= Family planning education or services		1	2 9	4=before and after delivery care	1	2	9	5=Anti-natal	1	2	9	6= Postpartum	1	2	9	7= Information on prevention of STD/HIV/AIDS		1	2 9	8= Information on breast feeding and infant feeding practices	1	2	9	9= PIC/VCT	1	2	9	10= Other (Please specify) _____		1	2 9	
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204	<p>From which facilities have you received these services?</p> <p>PROBE: Anywhere else?</p> <p>Record below type and/or location of all facilities visited by household members in past 12 months, then circle code for each type of facility mentioned.</p> <p>(Check all that apply)</p>	<p>1=Government Hospital 2=Government Health Center 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Other</p> <p>(Please specify)</p>	
205	Are you currently pregnant?	<p>1= Yes 2= No 3= Don't know</p> <p>} GO TO Q 207 →</p>	
206	How many months pregnant are you?	_____ Months	
207	<p>Now I would like to know about your last pregnancy including current pregnancy. Please recall your feeling at the time you became pregnant.</p> <p>At the time you become pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not</u> want to have any (more) children at all?</p>	<p>1=Then 2=Later 3=Not at all</p>	
208	<p>Did your last pregnancy was miscarried, aborted or ended in still birth?</p> <p>(Other than this pregnancy If she is pregnant now)</p>	<p>1=Miscarried 2=Aborted 3=Still Birth 4=N/A</p>	

SECTION 300: KNOWLEDGE of FAMILY PLANNING METHODS

301	Now I would like to talk to you about family planning – the various methods a couple can use to delay or avoid a pregnancy. Which ways of methods <u>have you heard about?</u>		
	Family Planning Method	1= Yes	2= No
	PILL – Women can take a pill every day.	1	2
	MALE CONDOM – Men can use a rubber sheath while playing sex.	1	2
	FEMALE CONDOM – A woman can place a rubber sheath in her vagina before intercourse	1	2
	NATURAL F. P. A lady takes her temperature everyday or checks mucus to tell the days she is likely to get pregnant.	1	2
	SAFE DAYS/ RHYTHM METHOD – A lady can count the number of days since her last period to tell when she is most likely to get pregnant.	1	2
	WITHDRAWAL – Men can be careful and pull out before climax.	1	2
	LACTATIONAL AMENORRHEA METHOD (LAM)	1	2
	EMERGENCY CONTRACEPTION/ MORNING AFTER PILL. A lady takes pills or has an IUCD put in within 72 hours of unprotected sex.	1	2
	IUCD – Women can have a loop or coil placed inside them by a doctor or nurse.	1	2
	INJECTABLE/DEPO Women can have an injection which stops them from becoming pregnant for several months.	1	2
	VASECTOMY/TUBAL LIGATION (Male/Female Sterilization) – A man or a woman can have an operation to avoid having any more babies	1	2
	JADELLE/IMPLANON (NORPLANTS) - Women can have small rods put under the skin in their arm.	1	2
	Others:(e.g. Folk Method) _____		
	If all option are answered no → GO TO Q 401		

302	<p>Where did you hear information regarding the family planning method/s (source of information)?</p> <p>(Check all that apply)</p>	<p>1 = Radio 2 = Newspaper 3 = Billboard 4 = TV 5 = Pamphlet/brochure 6 = KOREA/KOICA/KEYFP CAMPAIGN 7 = Healthcare provider 8 = Health extension worker 9 = community based agent 10 = Other (specify)</p> <p>11 = Never heard → GO TO Q 304</p>
303	<p>From the above which one is the most preferred source of information for you about family planning Method?</p> <p>(Check all that apply)</p>	<p>1 = Radio 2 = Newspaper 3 = Billboard 4 = TV 5 = Pamphlet/brochure 6 = KOREA/KOICA/KEYFP CAMPAIGN 7 = Healthcare provider 8 = Health extension worker 9 = community based agent 10= Other (specify)</p>
304	<p>Do you know any place where Family planning method can be found?</p>	<p>1= Yes 2= No → GO TO Q 401</p>
305	<p>Which of the following places where family planning services/methods are provided do you know?</p> <p>Check all that apply</p>	<p>1=Government Hospital 2=Government Health Center Hospital 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Pharmacy 8=School 9= Other (Please specify) _____</p> <p>10 = KOREA/KOICA/KEYFP TENT(market base) 11 = HEALTH POST with KEYFP CAMPAIGN 12 = KEYFP TRAINING CENTER</p>

SECTION 400: ATTITUDE ON FERTILITY ISSUE

Now I would like to ask you some questions about your views on family planning. I am going to read some statements.

NO	QUESTIONS	CATEGORIES	Remark
401	In your opinion what is the ideal age for a woman to have her first child?	<input type="text"/> <input type="text"/> Years	
402	In your opinion, what is the ideal number of children a family to have?	<input type="text"/> <u>Sons:</u> <input type="text"/> <u>Daughter:</u> <input type="text"/> <u>Total:</u> <input type="text"/> <input type="text"/>	IF the respondent does not care about the gender, please write down her comments.
403	In your opinion after how many births should a couple begin using a family planning method?	1=before any birth 2=one birth 3=two births 4=three births 5=four or more births 6=after a son 7=after two sons 8=after a daughter 9=other	
404	What should be the ideal age gap between two children be?	1=1 year 2=1 ¼ years 3=2 years 4=2 ½ years 5=3 years or more 6=up to God's will	

405	Would you like to have (a/another) child, or would you prefer not to have any (more) children?	1=Have (a/another) child 2=No more/none 3=Says she can't get pregnant 4=Undecided/don't know	
405 -A	Do you intend to use a family planning method to control more than 2years birth interval?	1= Yes 2= No	
406	How old were you on your first marriage? (Note: Check Q 102 for marital status)	<input type="text"/> <input type="text"/> Years	
407	How many children did you give birth to?	<input type="text"/> <input type="text"/> Sons: _____ Daughter: <input type="text"/> Total: <input type="text"/> <input type="text"/>	
408	How old were you when you had your first child?	<input type="text"/> <input type="text"/> Years	
409	How many children do you currently have?	<input type="text"/> <input type="text"/> Sons: _____ Daughters: <input type="text"/> Total: <input type="text"/> <input type="text"/>	
410	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	<input type="text"/> <input type="text"/> Sons: _____ Daughters: <input type="text"/> Total: <input type="text"/> <input type="text"/>	
411	Does your spouse/partner want the same number, more number or less number of children as you prefer to have? Check Q 102 for marital Status	1= Same 2= More 3= Less 4= Do not know	

I will read the statements below in connection with some family planning and I want you to tell me your opinion by saying "Strongly Disagree", "Disagree", "Agree", or "Strongly Agree".

NO	QUESTIONS	CATEGORIES
----	-----------	------------

	Now I would like to ask you some questions about your views on family planning. I am going to read some statements that people have made. Please tell me if you agree or disagree with each one.	Strongly Agree	Agree	Disagree	Strongly Disagree
412	It is necessary to keep having children until a <u>boy</u> is born.	1	2	3	4
413	It is necessary to keep having children until a <u>girl</u> is born.	1	2	3	4
414	Sterilization makes you weak.	1	2	3	4
415	Contraceptives have dangerous side effects.	1	2	3	4
416	Getting a family planning method from any available source is embarrassing.	1	2	3	4
417	If I have any concerns about family planning, I trust the health worker at health facilities to help me.	1	2	3	4
418	Each child is born because of luck.	1	2	3	4
419	Use of family planning strengthens the marriage.	1	2	3	4
420	Family planning helps the parents to care for their children better.	1	2	3	4
421	Family planning causes promiscuity.	1	2	3	4
422	Couples should use a family planning method to avoid pregnancy or for birth spacing.	1	2	3	4
423	Who do you like/prefer to provide you with a family planning method? (Please specify)	1=Doctor 2=Nurse 3=HEW 4=CBD/CBRH 5=Others: _____			

SECTION 500: FAMILY PLANNING PRACTICE

NO	QUESTIONS	CATEGORIES		Remark	
501	Have you or your spouse ever used any of the following family planning methods? If the answer for all methods are no → GO TO Q 507	Family Planning Method	1= Yes	2= No	
		1. PILL	1	2	
		2. MALE CONDOM	1	2	
		3. FEMALE CONDOM	1	2	
		4. NATURAL F.P.	1	2	
		5. SAFE DAYS/ RHYTHM METHOD	1	2	
		6. WITHDRAWAL	1	2	
		7. LACTATIONAL AMENORRHEA METHOD (LAM)	1	2	
		8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.	1	2	
		9. IUCD	1	2	
		10. INJECTABLE/DEPO	1	2	
		11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)	1	2	
		12. JADELLE/IMPLANON (NORPLANTS)	1	2	
13. Others(e.g. Folk Method)					
502	Are you or your spouse/partner CURRENTLY using any family planning method?	1= Yes 2= No → GO TO Q 507			

503	Which type of family planning method are you or your spouse/partner currently using? (Check all that apply)	Family Planning Method	1= Yes	2= No	
		1. PILL	1	2	
		2. MALE CONDOM	1	2	
		3. FEMALE CONDOM	1	2	
		4. NATURAL F.P.	1	2	
		5. SAFE DAYS/ RHYTHM METHOD	1	2	
		6. WITHDRAWAL	1	2	
		7. LACTATIONAL AMENORRHEA METHOD (LAM)	1	2	
		8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.	1	2	
		9. IUCD	1	2	
		10. INJECTABLE/DEPO	1	2	
		11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)	1	2	
		12. JADELLE/IMPLANON (NORPLANTS)	1	2	
13. Others(e.g. Folk Method)					
504	How long does it take you to go to the nearest place where you obtain a family planning method?	Minutes HEW visit at home 7 Do not know.....9			

505	Where did you obtain the family planning method you are currently using?(lately used method)	1=Government Hospital 2=Government Health Center Hospital 3=Government Health Post 4=Private Hospital 5=Private clinic/health institution 6 =Nongovernmental (NGO) Health Facility 7= Pharmacy 8=School 9= Other (Please specify) _____ 10 = KOREA/KOICA/KEYFP TENT(market base) 11 = HEALTH POST with KEYFP CAMPAIGN 12 = KEYFP TRAINING CENTER	
506	Are you satisfied with family planning service received from the place above?	1= very satisfied } <u>GO TO Q508</u> 2= satisfied 3=not satisfied } <u>GO TO Q507</u> 4=not very satisfied	
507	What is the main reason for not using a family planning method? (Only one response possible)	Fertility-related reasons 1=Not having/infrequent sex 2=Menopausal/hysterectomy 3=Sub fecund / in fecund 4=Postpartum amenorrhea 5=Breastfeeding 6= Fatalistic Opposition to use 7=Respondent opposed 8=Husband/partner opposed 9=Others opposed	
		10=Religious prohibition Lack of knowledge related reasons 11=Knows no method 12= Knows no source Method-related reasons 13=Health concerns 14=Lack of access/too far 15= Cost too much 16=Inconvenient to use 17= Interferes with body's natural processes 19=Don't know Other (Please specify) _____	

508	Do you intend to use a family planning method in the future?	1= Yes, within 30 days of Preparations 2= Yes , maybe in a future, within 6months 3= I have to think about it 4= I am already using it 5= No, I don't intend to use it (not at all)																																																		
509	Which of the following family planning methods would you like/prefer to use in the future?	<table border="1"> <thead> <tr> <th data-bbox="459 401 873 426"><u>Family Planning Method</u></th> <th data-bbox="873 401 968 426">1= Yes</th> <th data-bbox="968 401 1044 426">2= No</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 426 873 452">1. PILL</td> <td data-bbox="873 426 968 452">1</td> <td data-bbox="968 426 1044 452">2</td> </tr> <tr> <td data-bbox="459 452 873 477">2. MALE CONDOM</td> <td data-bbox="873 452 968 477">1</td> <td data-bbox="968 452 1044 477">2</td> </tr> <tr> <td data-bbox="459 477 873 502">3. FEMALE CONDOM</td> <td data-bbox="873 477 968 502">1</td> <td data-bbox="968 477 1044 502">2</td> </tr> <tr> <td data-bbox="459 502 873 527">4. NATURAL F.P.</td> <td data-bbox="873 502 968 527">1</td> <td data-bbox="968 502 1044 527">2</td> </tr> <tr> <td data-bbox="459 527 873 552">5. SAFE DAYS/ RHYTHM METHOD</td> <td data-bbox="873 527 968 552">1</td> <td data-bbox="968 527 1044 552">2</td> </tr> <tr> <td data-bbox="459 552 873 577">6. WITHDRAWAL</td> <td data-bbox="873 552 968 577">1</td> <td data-bbox="968 552 1044 577">2</td> </tr> <tr> <td data-bbox="459 577 873 639">7. LACTATIONAL AMENORRHEA METHOD (LAM)</td> <td data-bbox="873 577 968 639">1</td> <td data-bbox="968 577 1044 639">2</td> </tr> <tr> <td data-bbox="459 639 873 701">8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.</td> <td data-bbox="873 639 968 701">1</td> <td data-bbox="968 639 1044 701">2</td> </tr> <tr> <td data-bbox="459 701 873 726">9. IUCD</td> <td data-bbox="873 701 968 726">1</td> <td data-bbox="968 701 1044 726">2</td> </tr> <tr> <td data-bbox="459 726 873 751">10. INJECTABLE/DEPO</td> <td data-bbox="873 726 968 751">1</td> <td data-bbox="968 726 1044 751">2</td> </tr> <tr> <td data-bbox="459 751 873 813">11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)</td> <td data-bbox="873 751 968 813">1</td> <td data-bbox="968 751 1044 813">2</td> </tr> <tr> <td data-bbox="459 813 873 875">12. JADELLE/IMPLANON (NORPLANTS)</td> <td data-bbox="873 813 968 875">1</td> <td data-bbox="968 813 1044 875">2</td> </tr> <tr> <td data-bbox="459 875 873 900">13. Others(e.g. Folk Method)</td> <td data-bbox="873 875 968 900"></td> <td data-bbox="968 875 1044 900"></td> </tr> <tr> <td data-bbox="459 900 873 925">_____</td> <td data-bbox="873 900 968 925"></td> <td data-bbox="968 900 1044 925"></td> </tr> <tr> <td data-bbox="459 925 873 950">_____</td> <td data-bbox="873 925 968 950"></td> <td data-bbox="968 925 1044 950"></td> </tr> </tbody> </table>	<u>Family Planning Method</u>	1= Yes	2= No	1. PILL	1	2	2. MALE CONDOM	1	2	3. FEMALE CONDOM	1	2	4. NATURAL F.P.	1	2	5. SAFE DAYS/ RHYTHM METHOD	1	2	6. WITHDRAWAL	1	2	7. LACTATIONAL AMENORRHEA METHOD (LAM)	1	2	8. EMERGENCY CONTRACEPTION/ MORNING AFTER PILL.	1	2	9. IUCD	1	2	10. INJECTABLE/DEPO	1	2	11. VASECTOMY/TUBAL LIGATION (Male/Female Sterilization)	1	2	12. JADELLE/IMPLANON (NORPLANTS)	1	2	13. Others(e.g. Folk Method)			_____			_____				
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SECTION 900: INTRAHOUSEHOLD DECISION-MAKING

NO.	QUESTIONS	CATEGORIES	Remark
901	Who decides your using a family planning method?	1=Mainly respondent 2=Mainly spouse/partner 3=Joint decision 4=Other (Please Specify) _____	
902	Have you ever been discussing family planning with any one?	1=YES 2=NO → End of this section	
903	In the last 6 months, have you discussed the practice of family planning with anyone of the followings? (Check all that apply)	1= Spouse/Partner 2=Mother 3=Father 4=Sister(s) 5=Brother(s) 6=Daughter/Son 7=Friends/neighbors 8=Other 9=Not at all (No one)	

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